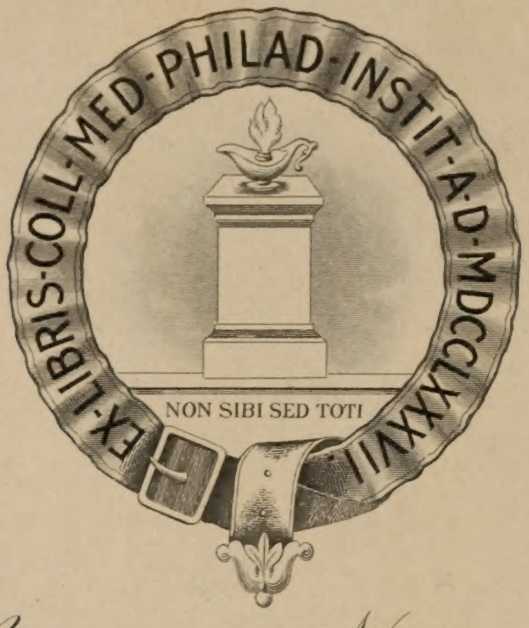
98838 United States.



Class_____ No._____

IN EXCHANGE.

3.25

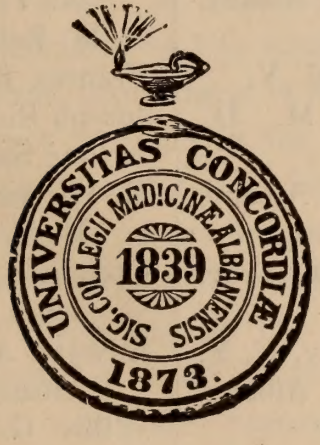
ALBANY MEDICAL ANNALS

Journal of the Alumni Association of the
Albany Medical College

EDITED BY J. MONTGOMERY MOSHER, M. D.

VOLUME XXXIX

Ἀσφαλὲς καὶ ἔμπεδον ἔστω τὸ σὸν ἔδος. Ἐκ σκότου μὲν ἔξαγε
φάος, ἐκ δὲ πάθους ἀναψυχήν



ALBANY
THE BRANDOW PRINTING COMPANY
1913

CONTRIBUTORS TO ALBANY MEDICAL ANNALS, VOLUME XXXIX

Joseph L. T. Appleton, Jr., Philadelphia, Pa.
Robert Babcock, M. D., Albany, N. Y.
Arthur J. Bedell, M. D., Albany, N. Y.
George E. Beilby, M. D., Albany, N. Y.
John McWilliams Berry, M. D., Albany, N. Y.
Charles G. Briggs, M. D., Schenectady, N. Y.
John B. Congdon, M. D., Albany, N. Y.
Erastus Corning, M. D., Albany, N. Y.
Charles Greene Cumston, B. S., M. D., Geneva, Switzerland.
Melvin Dresbach, M. D., Albany, N. Y.
J. L. Dykeman, Albany, N. Y.
Lawrence J. Early, M. D., Albany, N. Y.
Arthur W. Elting, M. D., Albany, N. Y.
James C. Farrell, Albany, N. Y.
Emma Wheat Gillmore, M. D., Washington, D. C.
Harold C. Goodwin, M. D., Albany, N. Y.
Hermon C. Gordinier, M. D., Troy, N. Y.
L. W. Gorham, M. D., Albany, N. Y.
George S. Graham, M. D., Albany, N. Y.
Hugh S. Gregory, M. D., Ogdensburg, N. Y.
John B. Harvie, M. D., Troy, N. Y.
C. A. Holmquist, Albany, N. Y.
F. H. Hurst, M. D., Guilderland Center, N. Y.
Edmund N. Huyck, Albany, N. Y.
Charles A. Ingraham, M. D., Cambridge, N. Y.
Sally Johnson, Albany, N. Y.
Arthur Knudson, Ph. D., Albany, N. Y.
Robert B. Lamb, M. D., Beacon, N. Y.
Howard E. Lomax, M. D., Albany, N. Y.
R. F. Macfarlane, M. D., Astoria, N. Y.
J. Montgomery Mosher, M. D., Albany, N. Y.
Robert Olcott, Albany, N. Y.
Thomas Ordway, M. D., Albany, N. Y.
N. A. Pashayan, M. D., Schenectady, N. Y.
Harold A. Peck, M. D., Albany, N. Y.
A. M. Rabiner, M. D., Albany, N. Y.
Frances K. Ray, Albany, N. Y.
Joseph Roby, M. D., Rochester, N. Y
Arthur Sautter, M. D., Albany, N. Y.
E. Forrest Sibley, M. D., Kingston, N. Y.
Creighton W. Skelton, M. D., Providence, R. I.
Edward A. Stapleton, A. M., M. D., Albany, N. Y.
Willis G. Tucker, M. D., Albany, N. Y.
Albert Vander Veer, M. D., Albany, N. Y.
Henry R. Viets, M. D., Boston, Mass.

VOL. XXXIX JANUARY, 1918 No. 1

ALBANY MEDICAL ANNALS

Original Communications

THE HOSPITAL: A TEACHING INSTITUTION.

Read before the American Hospital Association at its nineteenth annual session, Cleveland, O., September 12, 1917.

BY HAROLD C. GOODWIN, M. D.,

Superintendent, Albany Hospital, Albany, N. Y

A teaching hospital is one that offers to medical students and physicians the greatest opportunity for study and provides better care for its patients.

A teaching hospital differs in many ways from the non-teaching. The aims of one are far different from the aims of the other, and it takes years of adjustment and changes in organization and equipment before the final touches are applied. One seeks to lead in the world of medical improvement and science; the other merely follows. When the object of an organization is only to care for the sick who apply for relief, it naturally develops in no other way. Its doors are thrown open to many of the reputable physicians in the community, and, in some instances, to all registered physicians, with the idea of encouraging these men to send their patients to the hospital. Is it not a mistaken idea that such a hospital is doing the greatest good to the greatest number? In most of the hospitals without medical school association, the training school is considered as a necessary adjunct and develops according to the local needs, seldom with the idea of maintaining a model school for nurses. Development is apt to be in a one-sided manner, surgical cases predominating. New methods of administration, treatment, etc., are used only after the development work has been done in an institution where study and research are carried on systematically.

The organization of one is apt to be loose and disconnected.

APR 29 1919

98838

The trustees are often chosen on account of wealth or social prestige, and appointments to the staff are made as a result of large private practices or social or political influence. In the teaching hospital the organization is built up carefully. Trustees are selected because they are leaders in philanthropic and educational work. Appointments to the staff are made because of ability. The superintendent and the principal of the training school are selected because they are in sympathy with the development of higher education and not because they are willing to submerge their ideals to carry out the wishes of an unwise and penurious board. New medical men of ability coming into the community are sought rather than repulsed, and often vacancies are left open for long periods waiting for men of the right caliber to fill them.

The two institutions differ in the character of their patients. One caters to a large private-room clientele in order to earn its existence, the other to a large ward service for possibilities of study, seeking the necessary financial aid for its maintenance from those private individuals who have sufficient means to contribute to the relief of their less fortunate neighbors.

In the non-teaching hospital there is no incentive for the attending men to undertake prolonged and connected study of cases and report results, and the stimulus of an alert student body is lacking. Scarcely ever is attention given to the training of the interns or to checking the clinical findings by autopsy or end-result work. The authorities in many non-teaching hospitals allow physicians to charge fees, not only to those who are paying more than the cost of maintenance, but also to those who are taken care of at a loss in the public and semiprivate wards. The end results of such a method are not always commendable. The case in question is worked out by a single individual with few if any notes or records, while in the other type of hospital there is clinical team-work, and it is the rule rather than the exception for each man to consult with all the other specialists.

It is recorded that the first step taken by any hospital toward teaching was in 1762, when the Pennsylvania Hospital founded a medical library. Although the Pennsylvania Hospital was founded so that the student "must join example with study," it was not until later (1765) that, through the efforts of Thomas

Bond, bedside instructions were given. The New York Hospital, in 1776, did the same, and although it is well known that a library is more necessary to a medical student than a stethoscope, there are hundreds of hospitals to-day without a library and with no funds available for even the ordinary medical journals. After the establishment of libraries it was only a short step to allowing the apprenticed student to follow his preceptor through the wards, providing the preceptor had such privileges himself. For over a hundred years the method of teaching was practically a disgrace. Schools were run as diploma mills. Advertising and laxity in preliminary requirements kept the student bodies large. Hospital bedside training and clinical laboratory work could in most instances be obtained only after graduation. The positions as interns were much sought after and hard to get. There were few standards regarding curriculum or time to be spent in study. Lectures and recitations were the only method of instruction, and laboratories were scarce, ill equipped and rarely used. Many schools existed without any connection with university or college, and others that advertised as parts of such were in many cases bound together by the weakest of bonds. The parent institution was not sponsor for the finances or even acquainted with the opportunities offered, but every detail was in complete charge of a group of physicians who divided the fees and encouraged the students, after graduation, to send for them as consultants, although the university or college allowed its name to be used.

During the last ten or fifteen years the standard of medical education has advanced. In many instances the first two years' teaching has been in university laboratories and by university professors. The contrast between these exact methods and the methods in vogue for the last two years of clinical work was so great that the authorities were aroused to their responsibilities. The severe criticism of the Carnegie Foundation also brought many of them to an abrupt halt. Dartmouth Medical School recognized that without large and well-equipped clinics the last two years could not be taught. It is fully understood that the last two years of medicine must bear as intimate a relation to the hospital as the first two years bear to the physiological, chemical, biological, and anatomical laboratories, and that no greater

stress should be laid on the first two years of laboratory work than on the last two years of clinical hospital medical school work. The last half of a medical student's work should be carried on in a "hospital medical school."

Is it not possible that the chaotic relations existing between hospitals and medical schools, as shown by the Carnegie report of 1910, were in a great measure due to unsympathetic superintendents, who had allowed themselves to live in a narrow groove and had not tried properly to influence their trustees to see this duty and the advantages it would bring?

It is just as much the duty of the superintendent to educate and train his trustees for the benefit of his institution as it is for the general manager of any mercantile business. Do our boards employ us merely as errand boys to carry out their ideas, or do they desire us to show some initiative?

An institution which has been under the control of one executive for a period, say, of ten years, reflects very clearly his attitude, and if after this length of time he looks back and sees that his board is not following him, but he is following them, he can truly say he has failed. I remember well the advice of a friend at a time when I was assuming a new position:

"Learn their methods. Do not try to introduce new things at once. It may be that they have good reasons for the different way in which they conduct their affairs. The ideas you think are new may have been tried fifty years ago and found impossible. Drop in without making a splash, and, after you are in, grasp one thing at a time. Work hard and long until you know every detail and your board knows you. After you are no longer new, you will be better able to weather any storm of opposition which appears when you try to introduce beneficial changes."

Although the past is dark as regards hospital teaching, the present seems bright. In the first place, there are fewer medical schools, and those that have survived have materially raised their standard of admission and teaching. Students are no longer diverted by glaring advertisements from mechanical trades, which they have started to learn. State legislation all over the country is tending toward better preliminary education and even toward a compulsory fifth year to be spent in a hospital. This condition

will be ideal, for then no longer will the medical school with wholly inadequate facilities for turning out properly trained physicians be able to inflict on a long-suffering community men who must get their medical education after they have graduated. Then, again, students who have graduated from such an institution will not find afterward by bitter experience that, although they have spent their time and their money, they have failed to receive competent instruction and experience. Can you imagine the feelings of a young physician, after spending four years in connection with a poor teaching institution, on finding out that he has been given the most meager kind of an opportunity and is not qualified by the instruction he has received to be on a level with men who attended a medical school connected with a reputable university with every facility for teaching?

The time is rapidly approaching when all hospitals are to be standardized and inspected regularly by competently trained men, and this is as it should be, particularly as regards teaching institutions, for it should be thoroughly understood by the general public what the rating is of every hospital, as compared with other hospitals offering their wards for teaching purposes.

Now that all agree that the teaching hospital with its wards and dispensaries and varied clinics is necessary for the last two years of instruction of a medical student, there are a great many affiliations being made between hospitals and medical schools. In some cases a university or college has founded its own hospital in which the professors teaching certain subjects have complete control of the clinical material in the wards and dispensaries of the hospital. In other instances, gentlemen's agreements are being made between boards of trustees of the two institutions which effect the same purpose so long as the clinical material is absolutely under the control of the teaching staff. This form of union means that the controlling body of the medical school and the hospital must be of the same mind, otherwise there is little chance for success. The superintendent and his board of trustees must know that a teaching hospital is much more expensive to run and the per capita cost of caring for patients is higher. A broad-minded executive will readily see that the benefits derived by using the wards for teaching purposes

and the laboratories for research work are so great as to warrant this increase in the expenditure of money.

While not every hospital can be connected with a university medical school, each can in a way become a teaching institution and gain a great many of the advantages of having a student body using the clinical material for study. Each hospital, no matter where situated geographically, should be the center of teaching to which the men in the surrounding country may turn when they wish to increase their experience or carry on some special study. The laboratories of these smaller institutions should be equipped adequately, and the men in charge of the different services, such as medicine and surgery, should build up clinical teams composed of men practicing in the vicinity who are anxious to devote some portion of their time each day to hospital work, with the idea of keeping abreast of the times. It ought not to be necessary for men to leave their private practices and come to the large cities for six weeks', three months', and six months' courses of post-graduate instruction when a hospital in their own neighborhood can offer the same advantages, possibly not in the amount of material, but by allowing them to come in closer contact with the cases. Such opportunities given to men who have no appointments in local hospitals would tend to do away with the bitter feeling which exists between those who are successful in securing appointments and those who are not. By this method the surgeon or physician on his daily rounds would welcome visiting men of the community, and, without interfering with the opportunities of the intern, be able to give the local men instruction and work to do which would be of benefit to them and make them better diagnosticians, etc.

Let us sum up the benefits to be derived from a teaching hospital not to be had in a non-teaching hospital.

When I was asked to prepare this paper, I had already been interested in this subject for about three years as a result of an effort on the part of our institution to develop its teaching side. It so happens that the board of trustees of the Albany Medical College of Union University and the board of trustees of the Albany Hospital are almost identical in personnel, and the men most thoroughly interested in the one are also most interested

in the other. As a result a survey of our institution was made by Dr. Winford Smith in November, 1916, during which survey he outlined a program of development to cover five years. Some of this preliminary work, such as raising funds, etc., necessitated correspondence with men well known in hospital life throughout the United States, and by quoting extracts from their letters I am able to sum up their ideas of the value of such an institution to a community:

Dr. Herbert B. Howard, superintendent of the Peter Bent Brigham Hospital, says:

"Nothing so makes for accuracy of work as teaching in a hospital. Were I a patient I should look out that I was treated in a teaching hospital."

Dr. Winford H. Smith, superintendent of the Johns Hopkins Hospital, writes:

"The question is sometimes asked us why the hospitals should bother with the medical schools, and if teaching in the hospital does not disturb the patient. Hospitals are the training schools where students of medicine obtain their practical experience, and we must all be interested in the training of competent doctors. Teaching does not interfere with the best interest of the patient, quite the contrary.

"I am of the profound conviction that the hospital which enters into the function of teaching seriously and specifically is the better hospital because of that service.

"Then, too, there is the visiting staff of physicians and surgeons, who, by study of large groups of patients, by the experience gained in operating upon large numbers of patients, acquire a skill and technic which make them authorities in their subjects and leaders in their profession. In the laboratories, too, as a result of careful, routine study, or of painstaking experimental work, new facts have been discovered which have added to the knowledge of disease and the methods of combating it. All of this means progress and benefit to mankind."

Dr. Renwick R. Ross, superintendent of the Buffalo General Hospital, says:

"The patients of any hospital which has a teaching staff are

far better cared for and more scientifically treated than in hospitals without such an organization."

Dr. A. R. Warner, superintendent of the Lakeside Hospital, says:

"Not only are the sick of the wards and in the home city benefited, but standards are impressed upon hospitals and all physicians who come in contact with the work. The students and interns carry its standards and advancements to surrounding communities. The common level is thereby markedly affected. The good hospital therefore not only opens its wards to medical students for educational purposes, but also considers it an obligation to collect and continue to furnish a thinking staff that they may contribute to and that they may establish better routine treatments and treatment patterns for the future guidance of local physicians, interns, and students.

"As to research, it may not be possible for all institutions to make wonderful discoveries, but it is possible for every teaching institution to acquire a staff of independently thinking and working medical men by providing opportunities for this work. The gain in new discoveries may be nothing, but the gain from the work and the working conditions will add to the effectiveness of the institution as expressed above sufficiently to justify organization and expenditures along this line.

"Not all hospitals can attain such organization as outlined above. It seems extremely difficult for institutions not connected with universities to attain the full measure of usefulness. The presence of a university staff, the university ideas, and accepted university customs appear essential. Given this, however, the attainment for the community of a medical institution of the highest value and usefulness depends absolutely and wholly upon purchasable facilities. If to a university foundation good facilities for work are added, men of the highest standard become readily obtainable and the benefits to the community are thereby assured."

Dr. George Blumer, dean of the Yale University School of Medicine, writes:

"The advantages to a general hospital of affiliation with an A class medical school are very great. I am assuming, of course,

that it is taken for granted that in an A class school the heads of the clinical departments are able to devote at least the major portion of their time to teaching, hospital work, and research. Personally, I am convinced that it will only be a matter of a few years before all of the better schools will have so-called full-time clinical professors; but, even if this condition does not exist, to approximate it is often possible owing to the devotion and self-sacrifice of the heads of the clinical departments in a given school. The main advantages which accrue to a general hospital from affiliation with a first-class medical school are associated partly with the organization of the hospital and partly with the personnel of the school.

"I am assuming that the organization of the hospital under such a plan would not be the ordinary American organization whereby there are multiple heads of departments who change at frequent intervals. On the contrary, I assume that each major department is under one responsible head, who is in a position to maintain a uniform policy and to whom associates are responsible. Such an organization is one of the great assets of our university hospitals. In the second place, affiliation with a medical school insures to the hospital, as a rule, a more highly trained staff than can be obtained in the average community, for the reason that a first-class medical school does not depend on the physicians of the community for its heads of departments, but selects men for these positions on merit alone. This being the case, such men are naturally specially trained for the positions they are to occupy; and, furthermore, their teaching being their main work, they are able to devote a great deal more time and thought to the affairs of the hospital than was possible under the old system of rotating services in which the heads of the department were picked from the community and under which they depended upon their practice for their chief source of income.

"Furthermore, a medical school brings to a hospital an organized body of experts in the medical sciences, and nowadays in the thorough study of disease we have to rely upon the co-ordination between practicing physicians, physiological chemists, pathologists, serologists, bacteriologists, roentgenologists, etc. It would be almost impossible for the hospital to assume the burden

of carrying such a staff of specialists without the aid of a well-organized medical school.

"It should also be noted that the students themselves are a distinct asset to the hospital and not, as the laity sometimes assume, a source of worry and friction. As teaching hospitals are now organized, the medical student is as much a part of the machinery of the hospital as the intern. He frees the intern from a good deal of simple routine work and permits the latter to carry on the more complicated and exacting kinds of work so that the more careful studying of the patients becomes possible. My experience here in recent years has resulted in the very decided opinion that it is very exceptional for patients to object to the presence of students in the wards, and that many of the patients enjoy being used for teaching purposes, as they feel that their cases are thoroughly discussed, and, indeed, I think, actually are conscious of the fact sometimes that they are acting as benefactors to the race."

Dr. Charles F. Painter, dean of Tufts College Medical School, says:

"The poor equipment for present-day clinical teaching, or one which is so far disassociated with the school that it cannot be used without great waste of time, is a decided disadvantage to a medical school. The public, of course, is not in a position to realize the advantages of this arrangement, but is becoming more and more acquainted with the actual condition, and as laymen do become acquainted with it, they will unquestionably appreciate the advantage it is to them to have an institution that is thoroughly prepared to educate the doctors that are to practice in their midst."

Dr. J. Whitridge Williams, dean of the Medical Department of Johns Hopkins University, writes:

"After many years' acquaintance with hospitals, I have no hesitation in saying that the greatest good is not obtained, either from the point of view of the care of the patients or in the advancement in medicine, unless the hospital facilities are freely utilized by medical students. It has been my observation that in hospitals in which students are not admitted the medical work tends to become routine and casual in character, whereas when

the patients are utilized for the instruction of students their instructor is on the qui vive and makes every effort to see that the most accurate diagnosis is made and the most appropriate treatment followed, as he knows that if he fails to do so the omission and error will be promptly detected by the students. Furthermore, the utilization of students in general hospital work is of the greatest possible benefit to the patients, as it enables many laborious examinations and investigations to be made which without them would require the services of a much larger resident staff. It goes without saying that at the present time no hospital can be advantageously conducted without the services of the highest type of trained students."

Dr. William Pepper, dean of the School of Medicine, University of Pennsylvania, says:

"The University of Pennsylvania recognized this fact, and in 1873 built on the campus the university hospital for the use of the medical school as well as for the benefit of the people of Philadelphia. This hospital was the first hospital erected in this country as an integral part of a medical school, and ever since organization, the staff of the hospital has been composed solely of members of the teaching staff. I do not see how anyone can have any other view than that all of this is as it should be. There is no doubt in the minds of any of us at the University of Pennsylvania that on account of this intimate relationship the patients receive better and more skillful care and attention than they can receive in a hospital unconnected with a first-class medical school. There can be no doubt that the students receive better instruction in the university hospital than they could receive in any other hospital in the city, and there is also no reason to doubt that the nurses receive a better course of instruction than they could receive in another hospital. I know that in Philadelphia this view is gradually spreading among the people at large. Personally, I believe that the time will come when every big hospital will want some sort of connection with a good medical school and will seek such connection."

Dr. Charles N. Meader, dean of the School of Medicine, University of Colorado, states:

"It is of course well recognized among the superintendents

of teaching hospitals that the stimulus to careful work and more careful record-keeping on the part of the staff secured by the presence of an aggressive and intelligent student body, is an invaluable asset to the teaching hospital. From an economic standpoint alone, the opportunity of securing the services of a group of well-trained students without financial compensation to them should make special appeal. A further good, sufficient argument in itself, of which the force will become more and more apparent in the future, lies in the duty of a hospital to its community, state, and nation, not only to care for the sick of a day or of a year, but to do its share toward the efficient care of the sick of the future. However earnest and intelligent a student may be, he cannot become a thoroughly trained and efficient physician by didactic work alone. Not merely some clinical work, but clinical work in abundance and under the best facilities during his third and fourth years, is essential to this result. And I should like to emphasize the importance, not only of his seeing many cases, but of his having ample opportunity to study them both through bedside observation and through the use of modern diagnostic methods and instruments. Such a program is expensive, but it must be met by all medical schools of this country. To meet it they must have the co-operation of all enlightened and progressive hospitals accessible to them."

To sum up the advantages of a teaching hospital, I should say that the greatest advantage is, first, to the patients, because of the complete equipment such a plant provides; second, to the attending men, who must keep to the front or be superseded; third, to the interns who are fortunate enough to secure an appointment; fourth, to the student body, which is allowed the freedom of the hospital; fifth, to the training school for nurses, which always has before it the examples of well-trained men doing careful work; sixth, to the surrounding community, which as a result has a higher standard of practicing physicians in its midst; seventh, to the physicians in the surrounding country, who are able to see in consultation and otherwise the best men in their respective specialties; eighth, to science, because in the teaching hospital new therapeutic and diagnostic methods can be studied by means of its trained clinicians and laboratory work-

ers, which cannot be done in a non-teaching hospital, since the latter has neither the properly qualified staff nor the equipment. In other words, the advantages to the community are so great that all should unite in its common support and no institution of this character ought to be embarrassed, for a single moment, for lack of funds. The wealthy men of this country and the foundations created by their wealth are realizing that efficiency in hospital work is as necessary as it is in a manufacturing business, and that the lowest per capita cost does not always mean the best run institution. Waste in everything should be discouraged, but money spent in teaching and study is potential energy being stored up for future use and is the best kind of preparedness for a community.

The organization of a teaching hospital cannot be loose or haphazard. The board of managers must be keen men, interested in the large affairs of life, and public-spirited enough to devote much of their time to the proper fulfillment of the trust imposed upon them.

The best method of organization is for the university to maintain its own hospital; then the control is always certain and the wards will ever be freely open to the teaching force. As this is not always possible, the arrangement of interlocking boards or gentlemen's agreements should be made, but in such a way as to insure permanency.

The superintendent and the principal of the nurses' training school should themselves have developed under the methods in vogue in teaching hospitals, so that they will readily grasp the point of view and needs of the teaching force, whether it be in the way of material to work with or of nurses to supervise special work and departments. This means that the superintendent of such an institution should be a physician who has enjoyed the widest opportunities himself, for it cannot be supposed that a man who has been a good accountant, a lawyer, a minister, or a hotel man, can develop the understanding and sympathy necessary for the proper administration of a hospital in conjunction with a medical school. The administrator who fails to take advantage of every opportunity for conferences with the professors or heads of the different teaching departments

will soon find he is not in touch with the aims and cannot see the whole picture of which each department is a part.

The staff should have a continuous appointment and should be appointed only when holding the same position in the university. Each department head should have complete control of all the material for his work and be responsible for not only his own work, but that of any assistants he may see fit to introduce in subordinate positions as his aids. He should also be on the special committee composed of the various heads of main departments, the function of which committee it is to advise the board of trustees regarding policy and to pass upon the qualifications of those recommended for appointment to the hospital staff. Thus he will have authority enough to see that competent men who will co-operate in his department are appointed, excluding the men who are incompetent.

No hospital should attempt to affiliate with a university medical college as a teaching institution whose finances are in a poor condition. A large endowment or special gifts for specific purposes should be available, sufficient to allow maintenance of a clinic large enough for teaching. The ideal method is to have full-time men at the head of the different main departments with enough salaried full-time assistants so that the work can go on uninterruptedly.

The physical condition of the plant should be so arranged that there are enough wards for each department. Adjacent to the wards should be small clinical laboratories fitted up completely for the routine work and under the supervision of a technician specially trained for this work. The students during their third and fourth years under the supervision of departmental heads should have complete access to the patients in these wards. Should be responsible under supervision for the histories, physical examinations, and laboratory work, and should suggest treatment, following the cases from admission to discharge, filing their personal records in the records of the hospital, of which they become a permanent part, and in case the patient dies, writing up a complete report of the findings in the autopsy room and pathological laboratories. In addition to small clinical laboratories, there should be the larger laboratories for

physiological chemistry, bacteriology, pathology, roentgenology, electrocardiography, etc., as well as the operating rooms to accommodate the different specialists.

The dispensary should be modern and absolutely under the control of the same departments in the medical school. Here also should be laboratories so equipped that certain clinical diagnosis work can be undertaken. If the laboratories are not near at hand, students fail to see the relation between physical diagnosis and laboratory work. Here, as in the hospital wards, the student body of the third-year classes should assist in dispensary routine and study the different cases under proper supervision. There should be rooms enough so that they can work either singly or in groups of two in preparing the histories, physical examinations, and suggestions for treatment of patients who come to the clinic.

The autopsy room should be well equipped and under the control of the pathologist. This is the place where the mistakes of diagnosis are clearly shown and where the student can see for himself what he has been more or less surmising, while following the case in the wards. In no other place can gross pathological conditions be so thoroughly impressed on the student mind.

There should be a library and record room in which are kept the standard books and periodicals and the completed records of cases treated in the institution, with desk room enough to encourage the students and interns to use them. The records should be accessible by carefully kept card indexes. These indexes should be as follows: a name index and a disease index compiled after some standard classification and properly cross-indexed for complications, etc. The case records should contain in detail a complete history of the case before admission, physical examination and notes during the hospital stay, together with all the data from the different laboratories.

In the foregoing I have tried to show that the student should be brought into close and active relationship with the patient. Not only should all hindrances be removed, but he should also be given as much responsibility as is possible. The clinics should furnish a variety of cases and not a superabundance of one to the detriment of the other. Therefore the number of cases

treated in any hospital during the year is not a fair index of that institution's teaching ability. The same is true regarding the dispensary.

In the Albany Hospital the students in the third-year and fourth-year classes are given access to the wards and the dispensaries under the supervision of the men in charge of the service. While on the wards the students are required to wear white coats. If they have surgical appointments, the cases admitted are assigned to them, after which they take the history, make tentative diagnosis, make and record complete physical examination, demonstrate the cases to the other students under the supervision of the surgical chief, assist at the operation, and follow the cases to recovery and discharge, always being encouraged to suggest treatment. Their notes are looked over by the chief on his regular visits and criticized before the surgical class. The clinical laboratory work is also done by them, under supervision.

If they are assigned to the medical service, they have exactly the same intimate connection, and they answer certain emergency calls in company with the intern, who is responsible for the service, do the clinical laboratory work, demonstrate the cases to their classmates, submitting their own notes for criticism.

Thus you will see that the work done by the medical student in his third and fourth years is practically the same as that which was formerly done by the intern during the first three to six months of his service. When he enters the hospital as an intern he is already familiar with a great deal of the routine of an institution and much more valuable to himself and to the hospital than when not taught in this way. After the completion of the twelve or eighteen months' intern service, it is not unusual for these men to seek positions as residents, so that they can stay in the institution for a longer period.

They have become imbued with the university idea and methods, and are anxious to stay until they are better equipped to enter practice.

I am thoroughly in accord with the men whom I have quoted above and believe that every hospital should develop its teaching side to the fullest extent, if for no other reason than that the hospital may become a better hospital for having done so.

REPORT OF THE TRAINING SCHOOL.

Presented at the Graduating Exercises of the Albany Hospital Training School for Nurses, June 20, 1917.

By SALLY JOHNSON,

Superintendent of Nurses, Albany Hospital.

The Training School for Nurses of the Albany Hospital was organized in December, 1896, and incorporated in April, 1897. Just a score of years has come and gone since the founders of the school stated its object to be "The improvement of the nursing service for the needs of Albany and vicinity."

How well the first object has been fulfilled it is hardly becoming for me to discuss; as to the second object I may say that including the two classes graduating to-day this school has graduated 398 young women. Of the 392 living graduates we have comparatively accurate knowledge of all but three. Practically one-third or 137, have married. Of the remaining number, two-thirds, or 151, are engaged in private nursing. Eight have taken up other occupations; twenty-one have retired. Of the remaining seventy-two nine are superintendents of hospitals; four are assistant superintendents of hospitals; twenty-seven are in other hospital positions; one is engaged in laboratory work; one is engaged in X-ray work; one is an anaesthetist; two are engaged in college infirmary work; two are in the navy; five are on border or foreign service; three are in office work and sixteen are in public health work; and one of the last group has no less a position than head of the Public Health Nursing Department of Simmon's College—with rank of assistant professor. This is Miss Ann Hervey Strong of the class of 1905.

It is of interest to note how few have left nursing for other kinds of work. This is growing more true every year—since nursing now presents so many varieties of interesting work.

In the school to-day there are twenty-eight seniors, thirty-two intermediates, forty juniors, seven probationers—a total of 107.

During the past few months additions and rearrangements have been made in the graduate staff of the school. A graduate nurse has been put in charge of each of the four private wards and one in charge of maternity. Another graduate has the position

of assistant in the operating room. The graduate nurse instructor is now on full time. A graduate nurse is in charge of the Pathological Department, doing an interesting and creditable work.

Formerly the dietitian has been a part of the Training School staff, but in March a dietetic department was created when Miss Alice Mitchell came to be its head. This new department has taken over the responsibility of all dining rooms and the responsibility of all the food of the patients, staff and employees. One of the greatest needs was the improvement of the service in the dining room. The accomplishing of this task has produced a far reaching satisfaction and pleasure.

The strengthening of this dietetic department will render it possible to make more use of special dieting in the treatment of medical cases. It will make the diet kitchen more of a laboratory giving valuable instruction to pupils beyond that of preparing part of the private patients' menus.

The changes in curriculum have been few. The intermediate year has been particularly heavy in its class work. As this class is always taking much of the brunt of the ward work, three subjects, dietetics, urine analysis and bandaging have been swung into the junior year. This has meant the repetition of these subjects, and additional work for the instructors of these subjects. In the intermediate year, the medical lecture course has been amplified. In the senior year the number of lectures in pediatrics has been increased.

In that first training school report the names of eighteen doctors appear on the lecture staff. Two of them, Dr. Curtis and Dr. Mosher, are still rendering their services to the school. This last year sixteen physicians have lectured to the pupils. Their time and energy was gratuitous, and they are busy men. Save in one course not a lecture since January first has been omitted and only in a very few instances has the date been changed, and only then when absolutely necessary. To these men the school is deeply grateful.

The school has also received gifts of pictures, of tickets to various entertainments, and at this time, it is especially fitting to record the gift of two flags.

In many respects this Albany Hospital School for Nurses is far more fortunate than the majority of its contemporaries. Among its good fortune should be mentioned the ability to offer training in all branches of nursing—and an adequate nurses' home.

In connection with the former it might be stated that it is difficult for all pupils to have the best medical training because the medical and surgical patients are in the same open wards. Were the medical patients together, the pupils would get the fuller value of intensive medical nursing. Particularly in so-called medical diseases (such as typhoid fever and pneumonia) is the nursing acknowledged by all to be of extreme importance. It will be a long step forward when we can teach and patients consequently receive intensive medical nursing.

The nurses' home speaks for itself. The reception room, some of the bedrooms, and all of the corridors have been painted. The serving room is about to be enlarged. The hospital has placed an order for new dishes for the dining room; a generous member of the staff has donated rugs. Discarded newspapers (thanks to an energetic member of the Training School Faculty), have contributed their share to the furnishings.

Given this wealth of clinical material to contribute to the training of pupils, and the nurses' home to contribute to the physical needs, what then is our line of progress? For any organization that is not going forward is slipping backward. Ere another graduation rolls around again what do we aspire to accomplish? Primarily a larger school, but not sacrificing material for number, more graduate nurses to aid in the administration and teaching of larger numbers. The nine main wards should have a permanent graduate head nurse. This results in the minute supervision of patients' care, explicit following of physicians' orders, continuous checking up of pupils' work, and creates an atmosphere of stability.

A larger school would mean more time for the pupils for recreation and study. The patients are the first consideration in every well regulated hospital, but it is no small task to render these patients adequate nursing care with pupils who must have a large amount of class instruction.

The hospital has an obligation to these young women who come confident of receiving a training which shall render them valuable members of the profession which they have elected to join. We must see to it that the nursing care which they give the patients in our wards (valuable training as it is) and the housekeeping duties which they perform are not out of proportion to the actual class room instruction.

To establish this balance as soon as possible our class room instruction should be extended to include quizzes on lectures given, bedside clinics in surgery and medicine, class room demonstrations of more advanced practical procedures, diet kitchens classes to the younger pupils, more lectures on ethics, a course in the history of nursing. And in the not too distant future, pupil nurses should know something of occupational work for the nervous and mental patients. And here it might be said that the reference library needs attention.

The school should be able to lessen the amount of nursing done by graduate specials in the hospital.

From the physical side, the bungalow at the camp needs enlarging and far and away our greatest need is suitable living quarters for nurses on duty in Pavilion G. It is probable that the city of Albany is about to bring relief there.

This school has been for many years on the non-allowance basis—furnishing textbook and uniforms and beginning with next year to furnish stationery. It is interesting to note that of late the applicants feel that with the present high prices, these arrangements make them just as well off as with the allowance. In view of the fact that some young women might feel that they must have financial help during the course, it is hoped to have a few scholarships available for young women who have been long enough in the school to prove their eligibility. One such of fifty dollars annually is already available and we know that our generous friends will add to this.

In the first report of an old school it is stated that some one asked, "How many first class nurses can you send out?" The reply was, "As many as you will send us of first class women." Years afterward in the report of the same school we read, "Few people realize what a demand there is for the broadly educated

nurse. In private duty many depend on the nurse for companionship. Foreign languages, art, and music stand largely for finishing and adornment in society but in this work they are transformed into most practical values. In executive positions the educated nurse is needed to organize, direct and teach. She must be able to meet the public in such a way as to demand respect for her position."

Such as these there are among the graduates of this school and more there will be if we select carefully, train carefully, and teach not only by precept but by example.

At the closing of this report, may I take the opportunity to express my profound gratitude to all those persons connected with the Albany Hospital who have helped to make my coming among you so delightfully unconstrained? To my predecessor I owe much for her frank, kindly discussion of her discouragements and of her hopes for the school. To the Board of Governors I am indebted for sanctioning the changes I have brought about and their attitude toward the ones I have in mind for the future. To the superintendent of the hospital I owe much for his interest and aid in bringing my plans to realization, and for seeing that my requisitions were executed. I am under special obligation to the visiting staff for their co-operation and expressed encouragement.

Glad as I am to publicly declare my appreciation of all that I have mentioned I prize most the attitude of the nurses themselves. It is a trying time for a school when its chief changes. But, added to this, several other nurses have come to fill positions of responsibility. As many important changes as this have been known to wreck the working harmony of an institution. That this has not happened to us is to the everlasting credit of the nurses of the Albany Hospital.

To my staff of graduate assistants my gratitude goes in superlative form; because of their loyalty and sincere persistent effort in bringing about such changes as have been inevitable and for their working for the best interest of the school.

Without doubt a change of administration affects the pupils of a school more than it affects anyone else. It is a time of wonderment, uncertainty, readjustment. It is a trying time for

them, and these students with rare exceptions have readily adapted themselves to a new administration. For these young women of my adoption I have the warmest regard.

May the exigencies of the world catastrophe have no effect upon the momentum of this Albany Hospital School for Nurses! May it swing along in seven league strides, holding an enviable place among the educational institutions of the State!

DACRYOCYSTITIS.

Read before the Medical Society of the County of Albany, May 24, 1917.

By EDWARD A. STAPLETON, A.M., M.D.,

204 State Street, Albany, N. Y.

Before presenting the various cases of dacryocystitis upon which I have operated, I would like to say a word about the history of this lesion. Infection of the lachrymal sac may be an ascending infection from the nose, or it may be a descending infection from an infection of the eye, with a subsequent closure of the lachrymal nasal duct. The lachrymal nasal duct is sometimes closed when there is an involvement of the sinuses, mostly in cases of an anterior ethmoidal sinus involvement, as the duct lies anterior to these cells, and occasionally when the maxillary sinus is involved. Frequent involvement of the mucous membrane of the nose will often cause an obstruction of the duct, as also will syphilitic and tubercular conditions, which form ulcers and then heal with a subsequent scar. Again, we may have this duct closed in the new born, by mucus or by an incomplete opening of the duct.

The organisms found in the pus which discharges from these sacs are different. In my own cases, I have found pneumococcus, streptococcus viridans, staphylococcus aureus and albus on numerous occasions and in one case the colon bacillus.

Symptoms. The symptoms of these cases may be anything from simple tearing, to cases where we have an acute exacerbation with considerable pain over the region of the sac and in the back of the head, tumor formation, and occasionally the sac

will rupture and we have a fistula which discharges over the face. In the old chronic cases, the patient several times a day will squeeze out the sac by pressure, and thus get relief for a while. The tearing of which they complain is made considerably worse when exposed to the wind.

The danger from the presence of these sacs is mainly what might take place should the eye happen to receive a slight injury, such as a piece of emery or dust striking the cornea. I have just seen a case where a woman, seventy-nine years of age, had a sac for a number of years. She received a slight blow from a piece of wood striking the cornea, subsequently developing a serpiginous ulcer with a panophthalmitis. The lens was expelled from the eye and an enucleation was necessary to keep her from a long protracted illness. This is one of the reasons why these cases should be cleared up as quickly as possible, as usually when an injury of the eye takes place and the eye is constantly bathed with pus from this source, it seems almost impossible to clear it up, and then again, the patient has a chronic conjunctivitis from the discharge from the sac.

TREATMENT. Many forms of treatment have been devised and carried out; some have been somewhat successful. others less so. Probably the first treatment was a slitting of both tear ducts and washing the sac with an antiseptic solution such as bichloride of mercury, $AgNO_3$ iodine, etc., then through the slit ducts, sounds were passed down through the lachrymal sac to the nasal duct into the nose, beginning first with the smallest sound and finally using the very largest. Occasionally such treatment resulted in a cure, but very often the results were disappointing, the patient having submitted to considerable loss of time and suffering, without any promise of relief. Another method tried was the destruction of the sac with the actual cautery or trichloracetic acid. Some of these cases came out favorably, others did not. West of Berlin devised an operation whereby he opened the nasal duct and removed a piece of the lachrymal sac intranasally. The result of this operation in his hands appeared to be good. He has had a large number of sac cases, and, of course, has become very skillful in operating. In the hands of the average skillful operator his method has not turned out so well.

I have seen six of these cases operated intranasally, with about fifty per cent cures. Toti of Florence, Italy, devised the operation where he made an incision through the sac externally and punched a hole in the lateral wall of the nose over the sac, and he also reported fairly good results. Lastly, Miller, of Vienna, worked out the operation where he dissected the sac out in its entirety under local anaesthesia, doing practically a bloodless and painless operation. This is the operation with which I am most familiar and I shall show you some of my results. Two of the cases I am presenting to-night were of thirty-five years standing; one was in a child six years of age, the condition existing since birth; one was a fistula, one was an acute exacerbation with a tumor formation about the size of the end of a thumb and the others were chronic cases. In all I performed the same operation, although books and authorities say that the extirpation of the sac is contraindicated in acute cases or in acute exacerbation of chronic cases. Yet, some of the cases I operated upon were acutely inflamed and with a total extirpation of the sac, made just as good a recovery, if not better, than those where a chronic inflammatory condition existed without the acute exacerbation. In fact, I found it easier to excise the sac in these cases than in the chronic cases.

The principal thing in these operations is to know perfectly the anatomy of the parts upon which you are working, to get a perfect anaesthesia from the cocaine in the parts you inject, and to bleach the parts thoroughly with the adrenalin used. The amount of blood which covers the field is practically nil and one can dissect out the sac with little or no trouble.

I will not describe this operation in detail as a very fine description is given in English in Meller's "Ophthalmic Surgery," which can be obtained at the Medical Library. Meller has removed the lachrymal sac in a great many cases and takes but a very few minutes to do it. Personally, I think it wise to practice on the cadaver a number of times, learning the steps of the operation and the anatomy of the parts upon which one is working, then it is not a difficult matter to operate on the living. There are certain landmarks to be observed and these the operator must keep in mind constantly as a slight deviation from the

principles laid down for the operation may get us into trouble. Frequently men have difficulty in finding the sac, again, the orbital cavity may be opened by cutting through the posterior fascia which separates the sac from the orbit and the orbital fat may project into the wound, causing hemorrhage from the vessels in this region. The third difficulty is the incomplete removal of all the mucous membrane, for if even the smallest piece of membrane is left, it will go on secreting and the operation will be a failure, besides, the patient will probably have a fistula with a discharge running over the face.

Indications. This operation is indicated in cases where the patients have not the time for a long treatment with sounds, as we are not sure of ever getting particularly good results using this method. This holds good for working people especially. Sac operation should precede an iridectomy or cataract extraction if the sac is involved, also in cases of cornea ulcer, as the ulcer does not tend to clear up as long as there is a chronic discharge constantly flowing over this region, and in all cases of chronic blenorrhoea where the sac walls are markedly thickened, with a total occlusion of the lachrymal nasal duct where we have a formation of fistula.

Case I.—C. V. A. Child, 5 years of age. Had a chronic dacryocystitis of the left eye since birth. This condition had been treated for over a year before she came to me. Knowing that she had had this long protracted treatment, I advised the immediate removal of the sac which was done under ether. Patient was kept in the hospital for about four days, during which period there was no discharge. Several weeks later she developed the measles and in the incision there appeared a little keloid growth. This child was without any apparent scar until this developed. So far as the disease of the sac is concerned she has made a complete recovery, and the eye which appeared smaller, on account of the conjunctivitis which was ever present, and which has cleared up, she is now able to open without any trouble. This case I operated upon February 6th, 1917.

Case II.—Miss A. V. Saw her for the first time Oct. 3rd, 1916, at which time she complained that her eyes hurt her. She had a dacryocystitis in the right eye which had been discharging for the past six or eight years. Had about seven acute attacks and also developed a fistula which discharged over the cheek. I advised removal of the sac and operated December 17, 1916. Patient has made a good recovery.

Case III.—D. W. O'C. First noticed twenty-six years ago that there was a blur over the right eye from the eye tearing. Would also see objects double when tearing was more severe. Two years later, twenty-four years ago, had considerable pain in the eye, swelling of the sac followed, but under hot applications the condition subsided in about a week. Has had severe attacks about every four years since and less severe ones between, which he has been able to control. However, in the last attack on April 9th, 1917, he was unable to get any relief, so decided to have an operation. On several previous occasions he was under treatment, such as probing, etc., to see if he could not permanently clear up the condition. On April 18th, 1917, he went to the hospital where I removed the lachrymal sac under local anaesthesia. Patient remained there three days and suffered no soreness or pain, except a very slight amount of pain which he says he felt during the operation. Patient has made an uninterrupted recovery, blurring has cleared up and tearing has ceased.

Case IV.—Mr. F., consulted me February 8th, 1917, at which time he complained of a great deal of pain over the region of the right lachrymal sac, this pain extending into the back of the head. He had a tumor about the size of the end of a thumb right over the sac region. This condition was an acute exacerbation of an old chronic dacryocystitis of thirty-six years standing. The usual treatment in such a case is to incise and drain, which takes anywheres from three to four weeks, leaving a fistula, then one must do an extirpation. Felt that I could remove this sac in its inflamed condition, so attempted the operation and removed it successfully. This patient made an uninterrupted recovery. Remained in the Hospital about four days.

Case V.—Mr. J. W. D., 44, druggist, came to me complaining of some headache and inability to see with his present glasses. He had a chronic dacryocystitis of the right eye of thirty-five years standing. The lachrymal duct had been slit and the nasal duct probed thirty-three times without relieving the condition. I advised an operation for the removal of the sac and did so May 2nd, 1917, under cocaine and adrenalin. The culture from this sac showed streptococcus viridans. This sac was greatly contracted and thickened owing to the long standing condition and the frequent probing which the patient had received. Patient appears to have made a good recovery.

Case VI.—Mrs. F. J. T., came complaining that the left eye had teared and pained for the past three years. Had received various treatments without relief. Had a constant pus discharge bathing the eye which had grown worse of late. I diagnosed it as chronic dacryocystitis of the left eye. March 17th, 1917, I removed the sac under local anaesthesia. The wound healed by primary union and patient made a complete recovery, being relieved of all her symptoms.

Correspondence

LETTERS FROM THE WAR

(NOTE.—A series of letters written by Dr. CHARLES G. BRIGGS (A. M. C., '89) to friends at his home, Schenectady, has come into the possession of the ANNALS. They are vivid descriptions of the active service in which Dr. Briggs has been engaged in France since the summer of 1916 and are worthy of the larger circulation given by publication, and of the attention of his colleagues among the alumni who recognizes the eminence in his profession he had attained before he dedicated himself to the supreme test of professional excellence. As has already been announced in the ANNALS (July, 1917, Volume xxxviii, p. 342) Dr. Briggs was one of six American physicians of an ambulance unit of the Red Cross to be decorated with the war cross of France. The reason for the grant of this high honor was stated in the citation as follows: "In a situation most perilous their courage and devotion did not falter for an instant." The crosses were bestowed at a special ceremony held at the front, General Dauvin affixing the decorations, and were acknowledged, to the surprise of the observers, by a sudden, vigorous, genuine American college yell.

The letters, of which the first is published in this issue of the ANNALS, will be continued from month to month, and as experience increases, it is hoped others of like character may be received. It is, perhaps, not invidious, to direct attention to the admiration, expressed and implied by Dr. Briggs, of the high character and even nobility of the French officers and soldiers. In days of rumors, like the present, such unconscious testimony of the sincere purpose of the Allies will go far to justify the faith of America in the righteousness of its great undertaking.)

December 6, 1916.

We arrived up here two weeks ago and are having plenty of action. Every night as soon as it is dark we go up near the front line and wait for the stretcher-bearers to carry them out to us. It's inky dark and the road is filled with artillery teams and supply wagons. No automobiles, except a rare staff car, comes up here. Everywhere are dead horses, broken trees and carts, shell holes and mud. Not the faintest light may be shown, cannot even smoke a cigarette. The first two nights we had six of our machines smashed by collisions. The artillery is further to the rear so all the shells of both sides cross the road over our heads, making one devil of a noise. We wait in a hole twenty feet deep and too low to stand erect. It burrows back under the road, the sound of the horses' feet can be heard passing above.

My car was waiting at a point one night last week where there was no hole to go in. Some one in this jam of traffic, which is like Fifth Avenue, New York, flashed a pocket lamp to make a repair. It was only for a minute and he was gone but some look-out must have telephoned one of the German batteries for in five minutes they turned on us with big shells. We chase around a monument, standing near here, but you don't know which side to get. If a shell lands beyond, the pieces flying in all directions get you behind the monument and if one is in front and they fall short, you get it just the same. One flying piece hit the side of my car and is embedded in the body as a momento.

I think we will be here about two or three weeks longer; then our division will go back a little way for a rest and we with them.

We are having rotten bad weather, rains one day and snows the next. In many places the mud is half up to our knees. Have been busy, as a side issue, treating cases of grip among our men and the Frenchmen who are connected with us as cooks, mechanics, etc. About eighty per cent. of the sanitary sections have been sick. We have a fine lot of men, nearly all college fellows and thoroughly good chaps.

The French soldier is a perfect wonder. I shall again speak of physical discomforts after seeing what they are all the time enduring and smiling at. I *never* hear them complain. One poor fellow had his leg blown off by a shell last night while he was standing in the road. We took him in and at the first-aid hospital we gave him a cigarette. He sat up on the stretcher and smoked it, smiled and said "That's the idea". When we left him he had thought up the words to say "Thank you" in English. The next morning we asked about him: they said he was dead. I asked at the hospital for another steel helmet as mine did not fit well. A young boy, chasseur, wounded promptly pulled his off saying "Take mine". The Chasseurs are like our Zouaves, a rather Elite Corps.

I will re-enlist the twenty-eighth of December when my six months will be up. Dr. Norton has appointed me his assistant. It will be fine to get back. I miss you all very much. There are no friends like our old ones. I'm sure I'll out-grow mine. Regards to all.

Yours,

C. G. B.

New Year's Eve, 10.30 o'clock.

If I had written you half as often as I have wanted, you would be wishing that I esteemed you less. As it is, not one word have I sent, for which I apologize. As we have been unusually busy for the past six weeks and are still in the same zone, though we had hoped to go in "repos" before this, we are all of us dull and stale, physically and mentally. So if you don't mind I will write a couple of pages from my diary of last August. If it seems a bit enthusiastic, remember it was written while everything was still quite new to me. I have long since ceased to keep a diary of more than a line or two. This describes my first visit to the city of this section.

August 2nd. Yesterday at 7.00 word was sent around the camp to get ready to go to———and carry sixty brancardiers (stretcher bearers) to help in a French attack which was to take place (perhaps from its being the second anniversary of the war). After looking over our motors carefully and strapping shut the tents, for we may be kept several days, under cover of the first darkness with the password to midnight and the different one from midnight on tucked carefully away in our memory, car after car left silently for the place of rendezvous, about seven kilometers away, where we are to pick up the brancardiers. Here in the dusk we find a long row of men with the "Medicin chef" making the roll call. We take seven inside in our ambulance and pull out into the road to wait, for we are to go in convoi. Going down a long hill we smell burning leather which grows stronger and stronger from the over-heated brake bands We hope to reach the bottom of the hill before anything happens. It is not to be so and suddenly flames cover the whole bottom work. With ours and the help from other cars, three pyrene extinguishers are instantly in play. With the fire out we for the first time remember the men locked in the covered ambulance. The schedule does not include discussions so I believe the whole time taken out did not exceed two or three minutes. We very narrowly miss going into a deep side ditch at the first curve in the road. Now we are on the brim of hell—dust, six-horse teams on the trot or gallop with munitions, bodies of cavalry, lines of infantry. Heavy automobiles came on all moving in various directions in a green, blue, red

darkness. In the air is the smell of tear gas. Our eyes smart though it is not strong enough to require a mask. Above in the brimstone multi-colored haze is every kind of flash and racket. Star shells like exaggerated Fourth of July rockets. The crisp short high pitched bark of the French seventy-fives with the shrill whistle of the shell as it passes over our heads, the heavy more elongated roar of the big guns, the ping, swish, very well mannered and unctuous, of an occasional " arrivee " with the cries of the drivers, " a droit " (to the right), prints a page in one's memory never to be forgotten. We skirt the city to its north west side where the brancardiers are unloaded and we get in convoi for the return. Following a machine traveling twenty miles an hour when you cannot see over twenty feet is not a success. We became independents. All sense of direction was as gone as Germany's honor. (Lack of experience undoubtedly added to the difficulties as in a long period of actual service in this same section which we are just completing nearly the whole number of our accidents occurred during the first two nights, since which collisions have been almost eliminated). A pocket light is flashed in our face and an investigation shows them to be cutting out a freshly killed horse from a six horse artillery team. This part of the road is called " dead man's curve " from being almost constantly under shell fire. Driving over the curve we pass and succeed in the darkness in getting on the wrong side of a bridge a few yards ahead. Down come the artillery. We are able to stop but with their momentum they are helpless. The first pair crumple up on our radiator, the second and third pairs mixing in against them. We back away and without a word exchanged enter through one of the arched gates into the city.

My partner has been there before and suggests that he try to pilot us through, a suggestion which fell upon fertile soil.

I am totally incapable of describing my surprise and astonishment at the sight. I think there was a little tiny moon, at any rate the skeletons of buildings were silhouetted like lace against the sky. Most wonders of the world as they unfold themselves to us upon first view are a disappointment. The only exceptions in my experience are Niagara, seen when a school boy, the Grand Canyon of Colorado and ———, seen at night, one might say as

Vesuvius, in eruption. Pompeii keeps recurring to my mind and really the manner of destruction does not lack resemblance. Halves of houses are removed as a pair of shears would divide them: beds made, tables with personal bric-a-brac, books and utensils just as their owners left them months ago. We drive carefully, one out on the mud guard for better vision. Without warning something appears close in front of us—is it twenty feet down or ten feet up? We do not know. It proved to be up, as we found when we tried to back off from the the top of a house which had fallen across the street. After pulling many boulders from beneath the car we backed her out into the current again and took inventory. The stearing gear is bent backward ten inches, axle bent and mud pan gone. Still the engine runs and by way of the sidewalk we get another start—near one of the gates we see a small light in a house and find two officers studying a map at a table with the aid of a small lamp. From them we get directions and soon are outside the city in the midst of a Fifth Avenue crush of traffic composed of the various types already described. Engine trouble develops and long lines of ammunition wagons that we had congratulated ourselves in having passed, again leave us beside the road. A displaced fan-belt is corrected only to have it break in a few yards. Another made from a canteen strap does better and at 2.00 A. M. we arrive at field hospital ———, ten miles from the city and still as far from our camp as when we first started. After several cups of hot coffee we cranked the motor for the last time and, as it is useless to send out a searching party, we found everyone sleeping when we pulled in to the starting point at our circle. The black coffee and sunlight in our tent had no effect upon the soundness of the sleep which overtook us ten minutes later.

We had a nice Christmas. I had several letters and a number of cards and we had good things to eat sent out by friends of the corps in Paris.

Our organization has never been in better condition than at present. We can always use more cars and also more men if they come for a purpose and not for adventure.

Always sincerely yours,

C. G. B.

April 6th, 1917.

Dear ———.

It is rather a long time since I wrote you last. We finished about February 15th a service of nearly three months in and to the north of Verdun, during which time the French took Cote de Poivre or Pepper Hill, with about 11,000 prisoners. About 2 p. m. on the way up with a French lieutenant in a touring car we met the prisoners coming down in a blinding snow squall. The road was filled with men and other thousands were corralled in wire enclosures. On the Cote de Poivre a gas attack was plainly visible. After using all our cars during the night getting out the wounded, we attempted to continue the service the following day, but our cars were quickly spotted and one of our ambulances was hit in its motor, and, being unable to get away, was shot by the Germans at their leisure into a heap of junk.

Our January and February service at Verdun was done under very trying conditions, owing to the extreme cold weather, the mercury reaching ten below zero, Fahrenheit. A peculiar incident was the freezing of a number of the men's fountain pens. They say "Pinard," the native red wine, is winning the war for France. Right or wrong, nearly everybody in the army drinks it, though he seldom carries it to a point of intoxication. During this weather it was sold in solid square blocks. Each time a car was taken out it had to have a treatment with a blow torch and water put into the radiator after the motor was running. Gradually our cars became reduced to one-half the usual number upon which we ran two crews, one for days and another for nights. However, we were able to get all cases out promptly, receiving in appreciation from the General an Army Corps Citation, it being the second time the French have so honored our corps.

From Verdun we went into "repose" and I left for three weeks, part of which time I spent at Nice. I visited an American hospital there which is exceedingly well run and very popular with the French wounded. One afternoon, after putting on civilian clothes, I had a first and last look at Monte Carlo. The tables were well occupied with players but the resort is far from

being prosperous. A nice villa furnished can be rented for $50 a month. There is but one train from the Riviera daily, running in two sections. One must engage a sleeper one month in advance. Not having that amount of time, I sat straight up during the night with seven others in one compartment. The corridors were filled with sleeping "Poilus." They have a very good restaurant car with an excellent dinner for $1.25.

Our corps had been moving from place to place with our division giving the soldiers a rest out of the sound of guns. Mr. Norton and I left Paris at seven a. m. in a motor not knowing quite where we should find them. After running down a number of rumors we arrived about sundown and found the sections barracked in a former girls' boarding school. After a number of one-night stands from which we moved in the morning before daylight to avoid the traffic of our division in the road, we arrived at Meaux, about twenty-five miles from Paris, where the battle of the Marne was fought. Finding that we were camped about one-half mile from the "Hill Top on the Marne" several of us paid Miss Aldrich a visit. She came from Boston and was an art and music critic in Europe for many years. In 1914 she determined to find a home in the country and live a life more in sympathy with her present desires and found the cottage in a village containing twenty-nine souls all told. It has a beautiful view, a nice garden, boasts several fat assertive cats, in the midst of which Miss Aldrich lives alone. Three months after she found her haven of rest the battle of the Marne was fought at her very door, and since she has been very largely isolated.

Soon after, we returned to a new sector on the front, stopping one night on the way, barracked in a chateau which was at one time the residence of a favorite of Henry the Fourth. It is furnished and some of us had beds with sheets furnished by a caretaker. Commenced work the night of arrival, visiting many trenches and officers quarters evacuated by the Germans three days previously. Some of the quarters, concreted and plastered, dug into the sides of hills or old quarries, have diamond-paned leaded windows taken from churches. Every fruit tree I have

seen has been either sawed through and broken over or girdled hopelessly and systematically with axes.

The other evening Mr. Norton and I walked to the famous Cathedral of S., which is about one block from where we are barracked. It was just twilight as we entered the little square facing it. The massive tower with crushed arches and partly broken statuettes was silhouetted in the soft light against the sky. Rooks were noisily sitting in the cornices for the night. Neither of us spoke—ordinary observations seemed out of place. It was one of those minutes which is impressed for life. I have been told some of the best windows have been removed to a place of safety.

We are domiciled in two residences in the best street of the city. Everything is as the owners hurriedly left it. They were evidently very religious, the walls containing many pictures of ecclesiastics. In my room is an excellent copy of Titian's Madonna, in oil, the original of which is in Madrid. On the hall rack is the hat and cane of the master. We try to respect all these things and disturb them very, very little. In one room is a boy's work shop with half completed work and tools not replaced in their box; in another two large dolls, one partly dressed, the other not, and lacking a head as at least one doll in a child's household should. Scarcely a whole pane of glass remains. Every room has a varying number of different sized shell holes through its walls and a large part of the roof has been wrenched off. Above the brass name-plate on the entrance gate is a white pasteboard card giving the address where the family is waiting for the war to end.

Recently, I was in some first line trenches which were most interesting. The first line here had numerous half-moon projections, each with about five tiny windows through which protruded machine guns, mounted upon a platform. Under each window is a card giving the range of certain points in front of it. Out in the open it is all barbed wire for a depth of forty feet, and still farther the " Postes d' ecoute," or listening posts, to which a single man crawls, digs a hole about two feet deep and stays there with perhaps a wisp of hay for a seat.

8.30 p. m. The French have made a fine advance at two this

afternoon, and word has just come that we are to break camp to-morrow morning at 5.30 to follow them. 5.30 is really 4.30 as the "Summer time" went into effect March 24th. This morning a squadron of Morroccan cavalry passed mounted on Arabian horses. With their cloaks, turbans and their sabres glittering in the sun they made a beautiful sight.

We are sad to-day for one of our French mechanics, good, faithful, always willing, Peroguat, who has been with us for one and a half years, was killed directly after luncheon. Our cars are parked on the sidewalk and street in front. He was repairing a broken car; they had thrown over one-half dozen shells in the surrounding dooryards, when one dropped directly in the middle of the street about twenty-five feet from the car. He had thrown himself upon the ground for each one, but this one hitting on the hard road scattered very low.

The big spring push is all ready. We have sent back to Paris every ounce of personal baggage that is not absolutely necessary, and everyone is confident of a complete success. We are in what seems to be the best sector for big things. America's coming in has bucked up the French. A German city for every French city wantonly laid waste should be the only condition of peace. They are absolutely mad in their desire to completely destroy this land. Yours, "CHARLES."

Editorial

With this explanation, it should be easy to understand how Dr. Poulain came to lend himself so readily to the farce of La Cibot's illness and recovery. Greed of every kind, ambition of every nature, is not easy to hide. The Doctor examined his patient, found that every organ was sound and healthy, admired the regularity of her pulse and the perfect ease of her movements; and as she continued to moan aloud he saw that for some reason she found it convenient to lie at Death's door. The speedy cure of a serious imaginary disease was sure to cause a sensation in the neighborhood; the doctor would be talked about. He made up his mind at once. He talked of rupture and of taking it in time, and thought even worse of the case than La Cibot herself. The portress was plied with various remedies, and finally underwent a sham operation, crowned with com-

> plete success. Poulain repaired to the Arsenal Library, looked out a grotesque case in some of Desplein's records of extraordinary cures, and fitted the details to Mme Cibot, modestly attributing the success of the treatment to the great surgeon, in whose steps (he said) he walked. Such is the impudence of beginners in Paris. Everything is made to serve as a ladder by which to climb upon the scene; and as everything, even the rungs of a ladder, will wear out in time, the new members of every profession are at a loss to find the right sort of wood of which to make steps for themselves.
>
> *Cousin Pons.* BALZAC.

✢ ✢ ✢

Medical Education

The ANNALS, this month, is fortunate in the opportunity to present important contributions upon two present day burning questions—the war and medical education. The long lists of graduates who have entered military service, published during the last four months, constitute an enviable record of the activity and availability of our alumni, and the series of letters from Dr. Briggs give a vivid description of medical work and risks at the front. The paper by Dr. Goodwin, descriptive of the increased function of the hospital as a unit in the scheme of medical education reveals in detail the extent to which the union of the college and the hospital may be effected.

In a recent address before the Albany Social Science Society Dean Ordway reviews changes and progress in medical education. The earlier plan was that the student associate himself with a practitioner and assist in dispensing, in surgical dressings and in general work. This system had many advantages particularly when guided by a conscientious preceptor, for there can be no better practical instruction than that arising from intimate personal contact. The plan was later elaborated by co-operation of different practitioners who continued to lecture to their pupils, and found means to develop small private anatomical and chemical laboratories. Their work, however, was largely didactic, and, from these beginnings the earlier medical colleges grew under the forceful oratorical resources of their professors.

"Under these conditions, for the student with ambition and

better preliminary education, European graduate study was a necessity. The men returning from a year or more of foreign study introduced into American medical education the laboratory system which has now become well established in anatomy, chemistry, histology, embryology, physiology and biological chemistry. These laboratory branches were largely taught, at first, in the form of demonstrations but now the student has individual work in these subjects.

"Up to a few years ago this condition of affairs persisted, and the placing of the so-called laboratory subjects on a scientific academic basis left the teaching of the clinical branches in an anomalous position. The trustees of medical schools could obtain properly trained men who were good teachers for their laboratory departments, but for the important clinical positions they were forced to appoint physicians who controlled 'clinical material.'

"Due to the publicity and the activity of various organizations, notably the American Medical Association, the Carnegie Institute for the Advancement of Teaching, and the General Education Board, medical school trustees realized the deficiencies of the teaching in the clinical branches and steps have now been taken to place the teaching of the clinical branches on an academic basis.

"In many instances this has been brought about by universities maintaining their own hospitals and appointing men, not merely locally but from any part of the country, to teaching positions. In other instances the trustees of medical schools have made arrangements with the trustees of hospitals whereby the medical school offered to the hospital all the facilities of the school and in return was allowed to appoint to the hospital service the professors in the clinical departments in the medical school.

"The teaching of the clinical aspects of disease is so important that the General Education Board is now aiding in the plan of having full time clinical teachers in certain branches of medicine. The most important of the newer methods of clinical teaching based upon grounding in the fundamental sciences, depends upon the principle that the student must take the active instead of the receptive attitude.

"Therefore, under proper supervision, in the fourth year he acts as clinical assistant, and learns how to weigh the evidence for and against the diagnosis in a particular case. This school, in two departments, has for years insisted that the students, even in the didactic work, take the initiative and in the branches referred to have, in the one instance prepared their own text-book from the lectures and in another have learned to reason by studying and discussing the subject in the form of actual problems with which they may be confronted for practice."

That the ideals sought to be obtained may not be lowered it is now decided that medical colleges shall accept no more students than can be managed by close personal supervision. Small classes are preferred and the test of fitness is made in the first two years by rigorous requirements in the preliminary branches. The lower classes are at once subjected to intensive training in the anatomical, chemical and physiological laboratories, and failure here prevents the disappointment which follows rejection after a full course of expectancy. It is, perhaps, worthy of note, that this elaborate and organized system reverts to the earlier method of personal instruction, and is, really, an adaptation of the cruder plan of intimate association between pupil and preceptor. The duty of the medical college of to-day is clearly defined as an obligation to award its diploma only to candidates who are qualified to practice medicine.

Public Health

Edited by Arthur Sautter, M. D.

DEPARTMENT OF PUBLIC SAFETY, BUREAU OF HEALTH, ALBANY, N. Y.
BUREAU OF VITAL STATISTICS.
COMPILED BY WILLIAM F. FULLGRAFF, REGISTRAR.

DEATHS FOR MONTH OF NOVEMBER, 1917.

Consumption	15	Broncho Pneumonia	7
Typhoid fever	3	Bright's disease	8
Scarlet fever	0	Apoplexy	11
Measles	0	Cancer	12
Whooping cough	0	Accidents and violence	4
Grippe	0	Deaths under 1 year	21
Diarrheal diseases	2	Deaths over 70 years	33
Diphtheria and croup	1	Death rate	15.71
Pneumonia	3	Death rate less non-residents	14.60

Deaths in Institutions.

	Non-res.	Res.		Non-res.	Res.
Alms House Hospital...	0	3	Albany Hospital Camp..	1	5
Albany Hospital	4	10	Home for the Aged....	1	3
Homeopathic Hospital..	1	8	Home for the Friendless	0	1
St. Peters Hospital.....	1	7	Federation of Labor Camp	1	0
Childs Hospital	1	2	St. Margarets House....	0	1
Maternity Hospital	0	3		10	46
Infants Home	0	3			

Births ..... 177 Still Births 9

BUREAU OF COMMUNICABLE DISEASE.

Typhoid fever	26	Tuberculosis	29
Scarlet fever	2	Epidemic Cerebro - spinal Meningitis	1
Diphtheria and croup	5	Septic sore throat	9
Chickenpox	34	Mumps	11
Smallpox	0	Ophthalmia Neonatorum ...	1
Measles	4	Total	134
Whooping-cough	12		

Number of days quarantine for diphtheria:
Longest..... 10 Shortest..... 10 Average..... 10
Number of days quarantine for scarlet fever:
Longest..... 30 Shortest..... 30 Average..... 30
Fumigations: Houses..... 28 Rooms..... 174
Milk bottles disinfected..... 178

Communicable Diseases in Relation to Schools.

	Reported D. S.F. M.	Deaths D. S.F. M.
St. Joseph's Academy	1	

NURSES' REPORT.

Tuberculosis.

Living cases on record November 1, 1917.....		798
Cases reported:		
By card	26	
Dead cases by certificate	3	29
		827
Dead cases previously reported	12	
Dead cases not previously reported	3	
Removed	6	
Died out of town	1	22
Living cases on record December 1, 1917		805
Total Tuberculosis Death Certificates		15

Non-resident deaths:		
Albany Hospital Camp	1	
C. F. L. Pavilion	1	2
Resident deaths		13

Visits to Cases of Communicable Disease.

Tuberculosis	34	Miscellaneous	14
Diphtheria	1	Visits to physicians	3

BENDER LABORATORY REPORT.

Diphtheria.

Initial positive	10	Suspicious	2
Initial negative	144	No growth	1
Release positive	21		
Release negative	64	Total	242

Sputum for Tuberculosis.

Positive	52	Negative	90
		Total	142

Widals.

Positive	27	Unsatisfactory	2
Negative	43		
Suspicious	12	Total	84
Wassermann tests	158	Water analyses	3
Milk analyses	180		

BUREAU OF NUISANCES.

Complaints made	24	Reinspections	38
Inspections	27	Plumbing	15
Plumbing	15	Sanitary	23
Sanitary	12		

HEARINGS.

Cases heard before Health Officer	4

BUREAU OF PLUMBING, DRAINAGE AND VENTILATION.

Inspections	150	New buildings	3
Old houses	69	Houses tested	19
New houses	81	Peppermint	4
Permits issued	75	Water test	15
Plumbing	65	Houses examined	21
Building	10	Re-examined	73
Plans submitted	10	Valid	9
Old buildings	7	Without cause	12

BUREAU OF MARKETS AND MILK.

Public market inspections	16	Stores inspected	88
Market inspections	47	Milk houses inspected	59
Fish market inspections	2	Dairies inspected	59
Packing house inspections	1	Milk cans inspected	1215
Lactometer readings	130	Cows examined	569
Temperature readings	130	Cows removed	3
Fat tests	91	Cows quarantined	9
Sediment tests	112	Dairy farms quarantined	1
Bacterial counts	91	Dairy farms investigated	6
Bacterial counts (special)	11	Complaints investigated	4
Milk depots inspected	9		

DEAD ANIMAL REPORT.

Horses Removed	24	Cats removed	240
Dogs removed	214		
		Total	478

MISCELLANEOUS.

Cards posted for contagious diseases	6	Vaccinations	33
Cards removed	11	Cases assigned to health physicians	61
Notices served on schools	122	Calls made	117
Notices served on stores and factories	7		
Postal card returns sent to doctors	6	Garbage collected from first District (bbls.)	107
Postal card returns received from doctors	11	Garbage collected from 2nd District (bbls.)	219
Inspections and reinspections	36	Garbage collected from 3rd District (bbls.)	192
Employment certificates issued to children	21		

Medical News

MEDICAL SOCIETY OF THE COUNTY OF ALBANY.—At the meeting of the Medical Society of the County of Albany, held December 15, 1917, officers were elected for the ensuing year as follows:

President, Dr. Howard E. Lomax; Vice President, Dr. Charles H. Moore; Secretary, Dr. Eddy S. Haswell; Treasurer, Dr. L. R. Worrell; Board of Censors, Dr George W Papen, Sr; Dr. L. B Mount, Dr. J. B. Congdon, Dr. E. A. Stapleton and Dr. Edgar A Vander Veer.

MEDICAL SOCIETY OF THE COUNTY OF RENSSELAER.—At the annual meeting of the Society, held December 11, 1917, the following officers were elected for the coming year:

President, Dr. Thurman A. Hull (A. M. C. '05); Vice President, Dr. John R. Reid (A. M. C. '04); Secretary, Dr. G. R. Stalter; Treasurer,

Dr. R F. Benson; Censors, Dr. John Trotter and Dr. Michael De Lucca; Delegate to New York State Medical Society Convention, Dr. C. J. Patterson; Alternates, Dr. H. F. De Freest and Dr. C. A. Hemstreet (A. M. C. '05); Delegate to district branch convention, Dr. Howard L. Waldo; Alternate, Dr. W. I. Walsh (A. M. C. '14).

County Society Elections.—At the annual elections of officers of the County Medical Societies the following named Alumni have been chosen for office:

Columbia County—President, Frank C. Maxon (A. M. C. '03), Chatham, N. Y.; Censors, Roscoe C Waterbury (A. M. C. '05) Kinderhook, N. Y.; James W. King (A. M. C. '84), Stottville, N. Y.; Louis Van Hoesen (A. M. C. '93), Hudson, N. Y.; Henry W. Johnson (A M. C. '91), Hudson, N. Y.

Seneca County—Acting Secretary and Treasurer, Dr. Thomas F. Cole (A. M. C. '04), Romulus, N. Y.

Greene County— President, Alton B. Daley (A. M. C. '12),Athens, N. Y.; Vice President, Edwin H. Huntington (A. M. C. '14), Cairo, N. Y.; Chairman of the Legislative Committee, Percy G. Waller (A. M. C. '93), New Baltimore, N. Y.

Medical Advisory Boards.—The President of the United States has announced the appointments of physicians for advisory boards in different centers whose duty will be the examination and decision upon so-called "border line" cases in which the fitness of candidates for military service is in doubt. The following named physicians have been appointed as the medical advisory board for Albany and neighboring counties:

Dr. Henry Hun, Dr. Thomas Ordway, Dr. Charles K. Winne, Jr., Dr. Edgar A. Vander Veer, Dr. George E. Beilby, Dr. C. S. Merrill, Dr. Leo F. Adt, Dr. A. J. Bedell, Dr. E. E. Hinman, Dr. La Salle Archambault, Dr. Arthur Sautter, Dr. J. M. Berry, Dr. W. H Happel, Dr. George S. Graham, Dr. Ellis Kellert, Dr. Leo H. Neuman.

Other medical advisory boards are constituted as follows:

Troy—Dr. H. C. Gordinier, Dr. William Kirk, Dr. John B. Harvie, Dr. Frederick A. Smith, Dr. E. W. Becker, Dr. W. A. Carey, Dr. Thurman A. Hull, Dr. R. H. Irish.

Saratoga—Dr. F. J. Resseguie, Dr. J. B. Ledlie, Dr. A. J. Leonard, Dr. Homer J. Hook, Dr. Earl H. King, Dr. Thomas J. Goodfellow, Dr. E. A. Palmer.

Plattsburg—Dr. L. J. Barton, Dr. E. E. Larkin, Dr. C. D. Silver, Dr. A. W. Fairbanks, Dr. J. B. Ransom, Dr T. A. Rogers, Dr. W. H. Laude.

Poughkeepsie—Dr. John C. Otis, Dr. Walter G. Ryon, Dr. W. G. Dobson, Dr. H. St. John Williams, Dr. Aaron Sobel, Dr. E. C. Hill, Dr. Howard P. Carpenter, Dr. J. E. Sadlier, Dr. A. R. Moffitt.

Medical Service of the Army and Navy.—Dr. Michael E. Nolan (A. M. C. '13), of Johnstown, N. Y., has been commissioned a lieutenant in the Medical Reserve Corps and has been ordered to the University Hospital in Philadelphia for instruction.

—Dr. Edward J. Wiencke (A. M. C. '96), of Schenectady, N. Y., who has been commissioned as captain in the Medical Reserve Corps, has been honorably discharged on account of being physically disqualified for active service.

—Dr. Robert Reid, Jr. (A. M. C. '14), formerly interne in the Albany Hospital, and later connected with the Hudson River State Hospital and with Dr. Packer's sanitarium at Riverdale, New York City, has received his commission as lieutenant in the Medical Reserve Corps and has been ordered for duty to Fort Benjamin Harrison, Ind.

—Dr. Waldron A. Stearns (A. M. C. '00), of Schenectady, N. Y., has been promoted to a captaincy in the Medical Reserve Corps, and has been transferred from Fort Benjamin Harrison to Camp Custer, Battle Creek, Mich.

—Dr. Hamilton M. Southworth (A. M. C. '05), of Old Chatham, N. Y. has received his commission as lieutenant in the Medical Reserve Corps and has been ordered for duty to Camp Dix.

—Dr. William G. Keens (A. M. C. '04), of Albany, N. Y., with rank of first lieutenant in the United States Medical Corps, has been detailed with the First New York Infantry Sanitary Detachment stationed at Camp Wadsworth, Spartanburg, S. C.

—Dr. Silas L. Filkins (A. M. C. '04), of New York City, has received his commission as captain in the Medical Reserve Corps and is awaiting orders.

—Dr. H. Judson Lipes (A. M. C. '97), of Albany, N. Y., holding commission as Major in the Medical Reserve Corps has been ordered to report for duty to Fort Oglethorpe, Georgia, whence he expects to be assigned to active service in France. Major Lipes has been in the military service of the national Guard for about twelve years and passed several months on the Mexican border with the Second Infantry. He was also Surgeon in Charge of the Boy's Camp conducted in Peekskill during the summer of 1917 under the direction of the Military Training Commission.

—Dr. Menas S. Gregory (A. M. C. '98), of New York City, holding commission as Major in the Medical Reserve Corps has been transferred from Plattsburgh Barracks, N. Y. to the base hospital at Camp Dix, Wrightstown, N. J.

—Dr. George W. Beebe (A. M. C. '07), of St. Johnsville, N. Y., holding commission as Lieutenant in the Medical Reserve Corps has been ordered from Fort Benjamin Harrison to Camp Logan, Houston, Texas.

—Dr. Frederick W. McSorley (A. M. C. '09), of Salem, N. Y., holding commission as Lieutenant in the Medical Reserve Corps has been ordered from Fort Niagara to Albany, N. Y. for duty with Base Hospital No. 33.

—Dr. William J. Carroll (A. M. C. '16), who has completed his service as interne at the Holy Family Hospital, Brooklyn, N. Y., has received his commission as First Lieutenant in the Regular Army Medical Service and has been directed to report for duty at Washington, D. C.

—Dr. Osman F. Kinloch (A. M. C. '79), of Troy, N. Y., ranking as Captain in the Medical Reserve Corps, who has been stationed at Camp Devens, Ayer, Mass., has been honorably discharged from service and has returned to Troy.

—Dr. J. T. H. Hogan (A. M. C. '14), of Troy, N. Y., is in service in England.

Personals.—Dr. Frederick E. Bolt (A. M. C. '03), has removed from Schenevus, N. Y., to Worcester, N. Y.

—Dr. Dean W. Jennings (A. M. C. '07), is associated in practice with Dr. Lyle B. Honeyford (A. M. C. '98), at Catskill, N. Y.

—Dr. Thomas W. Salmon (A. M. C. '99), holding commission as Major in the Medical Officers Reserve Corps of the United States Army, contributes an article on War Neuroses ("Shell Shock") in "The Military Surgeon" of December, 1917. Dr. Salmon's paper is a resumé of two lectures prepared by direction of the Surgeon General and illustrated with motion picture films for use in the Medical Officers Training Camps following an academic discussion on the nature and importance of the neuroses in war. Dr. Salmon cites cases of functional nervous disturbances and describes in full methods of diagnosis and treatment which is educational and is essentially a problem of psychological medicine.

—Dr. Thomas D. Crothers (A. M. C. '65), of Hartford, Conn., contributes a paper on "Loss of Consciousness and Automatism in Inebriety" to the *Medical Record* of December 15, 1917. Dr. Crothers cites many cases in illustration of his interesting and important thesis and concludes as follows: "Automatism in inebriety with loss of consciousness is not an uncommon condition, particularly in continuous or periodic drinkers. It is also seen in periodic cases as well as in epileptics and is a distinct palsy of the brain. All unusual acts or crimes committed by inebriates or hard drinkers should be studied, particularly where there is a possibility of loss of consciousness with alleged amnesia. When this condition is established the person is both legally and practically irresponsible for his conduct during this period, and his mental condition is one of great gravity, requiring immediate care and attention. No theories of vice, wilfulness, and moral causation should be considered by the physicians. It is a great question of facts and their meanings. Cerebral automatism and loss of consciousness is a pathological condition which must be studied from a scientific point of view to be understood."

In Memoriam

John J. Sullivan, M. D.

—Dr. John J. Sullivan (A. M. C. '90), of Passaic, N. J., died on December 1, 1917, at Roosevelt Hospital, New York City, following an operation.

Dr. Sullivan has proved himself one of the successful graduates of the college, and became a prominent practicing physician. He was a member

of the Board of Governors of the Passaic General Hospital, and had been largely instrumental in elevating the hospital to a high standard of efficiency. He was for many years president of the Passaic Medical Society.

Dr. Sullivan was born in Schuylerville, N. Y., June 12, 1864, and was educated at the local academy and at Oberlin University. He was graduated from Albany Medical College in 1889 and after completing a hospital course went to Passaic. In 1896 he took postgraduate courses at the Universities of Berlin, Vienna, and Prague, remaining until 1898, when he returned to this country to continue his practice in Passaic.

Current Medical Literature

NEW YORK STATE MEDICAL LIBRARY

Recent Accessions

Alcock, A. Entomology for medical officers. 1911.

Avery, O. T. and others. Acute lobar pneumonia. 1917. (Rockefeller institute monograph no. 7.)

Barton, E. C. Hints to V. A. D. members in hospitals. 1915.

Bilik, S. E. Athletic training. 1917.

Bowers, E. F. Alcohol, its influence on mind and body. 1916.

Bowser, Thekle. The whole art of bandaging. 1915.

Bromet, E. Notes on food, health and sanitation in camp. 1915.

Brown, O. H. Asthma. 1917.

Bryan, M. T. Soldiers first-aid book. 1915.

Busey, S. C. Annual addresses of the president of the Medical society of the District of Columbia. 1894-98. 1899.

Carvell, J. M. Index of first aid, a vade mecum for the ambulance worker. 1915.

Crowe, S. J. Relation of tonsillar and nasopharyngeal infections to general systemic disorders. 1917.

Eliason, E. L. Practical bandaging. 1915.

Finny, W. E. First aid: a note-book for ambulance students. 1914.

Fischer, M. H. Oedema and nephritis. 2d ed. 1915.

France. Ministère de la guerre. Service de santé. Nomenclature générale du 13 août 1899 du matérial du service de santé. 1916.

Garrison, F. H. History of medicine. 2d ed. 1917.

Great Britain. Army medical dep't. Handbook of the medical services of foreign armies. 1908.

Great Britain. Army medical dep't. Regulations for the army medical service, (1906 to 1914). 1914.

Hadden, David. Gynecology of obstetrics. 1915.

Hall, H. J. The work of our hands; a study of occupations for invalids. 1915.

Hart, T. S. Diagnosis and treatment of abnormalities of myocardial function. 1917.

Hibbs, H. H. Infant mortality. 1916.

Hoen, Maximilian. The strategical and tactical employment of the medical service, as carried out in the army corps. 1909.

James, Henry. The American volunteer motor ambulance corps in France: a letter. 1915.

Job, André. La guerre. 1916.

Jones, Robert. Injuries of joints. 1915. (Oxford war primer.)

Kidd, Frank. Common diseases of the male urethra. 1917.

Lewis, J. Swedish drill illustrated. 5th ed. n. d.

Lockard, L. B. Tuberculosis of the nose and throat. 1909.

Luciani, Luigi. Human physiology. v. 4. 1917.

Lusk, Graham. Elements of the science of nutrition. 3d ed. 1917.

McCoy, J. D. Dental and oral radiography. 1916.

Marie, A. Traité international de psychologie pathologique. 3 v. 1910-12.

Melville, C. H. Military hygiene and sanitation. 1912.

New York State veterinary college. Report. 1915-16.

Notes on first aid for N. C. O's and men. 1916.

Ophüls, William. Pathology of nephrites. 1916.

Osler, William. Bacilli and bullets. 1914.

Preston, H. M. Triangular bandage. 1916.

Recalled to life: a journal devoted to the care, re-education and return to civil life of disabled sailors and soldiers.

Rosenau, M. J. Preventive medicine and hygiene: military ed. (3d.) 1917.

Rosanoff, A. J. Survey of mental disorders in Nassau County, N. Y. July-Oct. 1916. (National Committee for mental hygiene. Pub. No. 9). 1917.

Schäfer, E. A. An introduction to the study of the endocrine glands and internal secretions. 1914.

Scripture, E. W. Stuttering and lisping. 1917.

Short cuts to first aid, by a metropolitan police surgeon attached to the R. A. M. C. 1914.

Stecher, L. I. Effect of humidity on nervousness and on general efficiency. 1916.

Stimson, L. A. Practical treatise on fractures. 8th ed. 1917.

Studies from the Rockefeller institute for medical research. v. 27. 1917.

Tucker, W. G. Biographical sketch of the late Prof. Samuel Baldwin Ward of Albany. 1915

Université de Leide. Recueil de travaux du Laboratoire Boerhaave. 2 vol. 1899.

White & Martin. Genito-urinary surgery and venereal diseases. 10th ed. 1917.

Whitman, Royal. Treatise on orthopedic surgery. 5th ed. 1917.

Willson, R. N. Nobility of boyhood. 1910.

VOL. XXXIX FEBRUARY, 1918 No. 2

ALBANY MEDICAL ANNALS

Original Communications

A CASE OF UNILATERAL HYPERTROPHY OF THE WHOLE LEFT SIDE WITH AUTOPSY.

BY HERMON C. GORDINIER, M. D.,

Troy, New York

Unilateral hypertrophy is a rare condition if we are to judge from the few recorded cases in the literature and the meagre description found in the recent text-books and systems of medicine. Twenty-eight cases of unilateral hypertrophy are recorded in the literature with six autopsies.

The right side seems more frequently involved and the male sex to predominate. The findings thus far have thrown no definite light as to the etiology of this increasing unilateral growth, which involves the soft structures, vessels and bones and occasionally the paired organs. In a very superficial way there is a resemblance on the one side to the early symmetrical changes found in acromegaly. A careful comparison of the two conditions side by side, will, however, dispel all doubts of a true relationship. In Bassoe's case, x-rays showed no enlargement of the sella and no visual defects were noted. In the case herein recorded the x-ray showed no defect of the sella and at autopsy no differences in size of the bones of the skull were discovered. The pituitary body grossly was normal.

In Hutchinson's case of congenital hypertrophy of the left side in a boy four years of age, the left testicle weighed 5.5 grams the right, 2.3 grams; the left kidney weighed 56 grams; the right, 28 grams. The left lobe of the thymus was larger than the right.

In a second case of Hutchinson of right sided hypertrophy in a boy of five years of age, the right, carotid, sub-clavian and

radial arteries were larger than those of the opposite side, and, what is more remarkable, the right kidney and supra-renal body were much larger than those of the opposite side.

McGregor reports a case of a boy, age ten years, the condition having been discovered at the age of three years, of unequal hypertrophy of the right side, the right leg being most involved, At the autopsy, apart from the hypertrophy of the soft parts and bones, the right optic thalamus and commissure were enlarged. No miscroscopic examination was made.

Arnheim's case was a female child aged four weeks with right sided hypertrophy, who died of broncho-pneumonia at four years and ten months of age. At autopsy uniform enlargement of the right side of the body was found.

Sophia Flornstein reports a girl two and one half years of age, with right sided hypertrophy with similar findings.

A case is reported by Cigiati of a female child who died at eleven months of enteritis who showed from birth enlargement of the whole right side. At autopsy the brain showed no gross changes. The thyroid was normal.

It is interesting here to note that in some of the cases telangiectasis and pigmentation of the skin were found; whereas in two cases, one of Wagner's and one of Brünnings, the soft parts seemed only to be involved. In Brünnings case there was associated with this condition of enlargment, syndactylism.

Mr. C. L., American. Occupation, Sexton; age, sixty-five years. Admitted to the Samaritan Hospital, October 22, 1915, complaining of an uncomfortable full feeling in the abdomen, shortness of breath, general weakness, loss of weight, loose cough, and pain in the lower right abdomen.

Family History

Father died at seventy-three years of age, cause of death unknown. Mother died at the age of fifty-nine years of cancer of the breast. A brother was killed accidentally at the age of twenty-six years. Four brothers and five sisters died in infancy. Two sisters living and well, also one brother living and well.

Personal History

Had variola and scarlet fever at seven, measles and varicella at eight, malarial fever at nineteen years of age. Shortly after his re-

covery from the malarial fever he received a bullet wound in the back of the neck, while at service in the Shenandoah Valley,—the bullet passed forward through the mouth. He made an uneventful recovery. He had a severe attack of la grippe at the age of thirty-five years. Fifteen years ago the patient was struck across the forehead with a pole and fell to the ground unconscious, two days later it was discovered that his left arm and leg were partially paralyzed. Six weeks later he was perfectly well and able to work as usual. Denies venereal infection, uses liquors and tobacco immoderately, appetite fair, bowels constipated, suffers from hemorrhoids.

Present Illness

Began about three years ago, while working he was struck in the abdomen with a basket of coal weighing about one hundred pounds. He noticed some pain at the time and there gradually followed an enlargement of his abdomen, together with shortness of breath and rapid beating of his heart. These symptoms have continued and at the present time he is very much discomforted with abdominal distension, shortness of breath and cough.

Examination

The patient is a strongly built and fairly well nourished man, five feet eight inches in height. No jaundice, edema, or cyanosis is present. A very noticeable feature on inspection is a complete unilateral hypertrophy of the left side, involving the face, tongue, left side of the chest, left upper and lower extremity. This hypertrophy is a pure enlargement of the bones and soft tissue, no soft or hard edema exist. The disparity between the right and left side of the tongue is a very noticeable feature. The left side of the tongue appears more than a third larger than that of the opposite side. The left side of the face is larger than that of the right but the disparity is not as marked as that of the tongue; while the left side of the thorax is much larger than that of the opposite side. The greatest disparity, however exists in the size of the left upper and lower extremity as compared with those of the right side. This is particularly noticeable on comparing the size of the left hand and foot with those of the right. This difference in size throughout the whole left side involves not only the bony structure but the soft structure as well. The X-ray pictures bring out beautifully this disparity not only in the bones but soft parts as well On careful inquiry he states that his mother directed his attention to this condition of enlargement of the left side when he was a young boy about eight years of age and he has been aware of its presence ever since. He has always been right handed and able to use the right side in a perfectly normal manner.

To Illustrate Dr. Gordinier's Article on "Unilateral Hypertrophy."
Albany Medical Annals, February, 1918.



SHOWING INCREASED SIZE OF LEFT HAND, COMPARED WITH RIGHT

Measurements

Left Arm		Right Arm	
Humerus: Upper third	26 cm.	Humerus: Upper third	22 cm.
Middle third	25½ "	Middle third	21 "
Lower third	22 "	Lower third	19¼ "
Elbow	25 "	Elbow	22½ "
Forearm: Upper third	24½ "	Forearm: Upper third	22 "
Middle third	22½ "	Middle third	19¾ "
Lower third	17½ "	Lower third	15½ "
Wrist	18½ "	Wrist	17 "
Palm	22½ "	Palm	20 "
Length	81 "	Length	79 "

Left Leg		Right Leg	
Femur: Upper third	45½ "	Femur: Upper third	42½ "
Middle third	43 "	Middle third	40 "
Lower third	36½ "	Lower third	33¼ "
Knee	35½ "	Knee	34½ "
Tibia: Upper third	32 "	Tibia: Upper third	31 "
Middle third	30½ "	Middle third	30¼ "
Lower third	31 "	Lower third	30½ "
Ankle	26½ "	Ankle	24 "
Length	95 "	Length	92 "

Throat and Nose

Mucous membranes injected, slight lower turbinate hypertrophy on each side. The tonsils are not enlarged. The tongue is hypertrophied on the left side, the left lower jaw is larger than its fellow, the teeth are loose and many have fallen out, the gums are very pale and somewhat swollen and spongy. The buccal mucous membrane is violaceous, numerous dilated capillaries are visible. No varices or telangiectases are present.

Lungs

Increased vocal fremitus and dulness in left supraclavicular and infraclavicular regions, broncho-vesicular breathing and numerous sub-crepitant râles, otherwise the note is vesiculo-tympanitic throughout with prolonged low pitched expiration.

Heart

Distinct epigastric pulsation. The apex is not visible or palpable, no friction or thrills. The cardiac area is entirely effaced by a hyper-resonant note. No adventitious sounds are discernible, the pulmonic and aortic second sounds are distinctly accentuated. The vessels of the neck are full, but the veins appear to show no abnormal pulsations. The radial and temporal arteries are of equal volume and size but distinctly thickened; an occasional premature beat occurs accompanied by a long compensatory

To Illustrate Dr. Gordinier's Article on "Unilateral Hypertrophy."
Albany Medical Annals, February, 1918.



LEFT THE FOREARMS RIGHT

pause. The x-ray picture shows a moderate increase in size of the whole heart.

Abdomen

Is greatly distended, the veins are very prominent; percussion reveals tympany in the epigastric and upper half of umbilical region with changeable flatness in the loins; a very distinct fluctuation wave is present; inguinal herniae are present on both sides. No disparity in size seems to exist in regard to the testicles.

Liver

Owing to the abdominal distention it was not possible to outline accurately the liver dulness. After paracentesis abdominalis and the removal of eight quarts of fluid. the liver dulness was found to extend from the sixth interspace six centimeters below the costal border. At about the position for the gall bladder or possibly a little to the left, a mass was discovered which was somewhat irregular in outline and apparently took its origin from the right lobe close to its junction with the left. Otherwise the lower border though firm, did not feel irregular.

Spleen

The splenic dulness after paracentesis extended from the seventh rib in the mid-axillary line, to the eleventh rib; it is palpable but not tender. The scrotum was greatly distended and light waves were easily transmitted. The rectum was negative, the prostate gland was symmetrically enlarged, no rectal shelf was present.

Lymphatic glands

No enlarged glands were discoverable and the thyroid was not visible or palpable. No sub or retro-manubrial dulness. An x-ray picture shows no thymus shadow.

Urine

Sp. gravity, 1,016, acid, amber, no sugar, trace of albumen, a few hyaline and granular casts.

Blood

Wassermann, positive: Red cell count, 4,200,000; white cell count,12,000; sputum contains tubercle bacilli.

Nervous System

Apart from its differences in size of the left side of the face no asymmetry in the skull seems to exist. The mind is clear, no aphasia exists.

Cranial nerves

The optic discs and retinae are normal. The vessels show evidences of slight arterial changes. The pupils are mid-wide equal, react to light, accommodation, and consensually. The ocular movements are normal, the

visual fields are normal to light and color. Facial muscles functionate normally. The tongue is protruded straight, its movements are normal. No difficulty in deglutition. Movements of the extremities are performed in a perfectly normal manner, grasp of the hands appeared equally strong. Sensation:—No objective sensory loss, no proximal or distal ataxia, station and gait normal, stereognostic sense preserved.

Reflexes

The deep and superficial reflexes were present with the exception of the cremasteric and umbilical. The organic reflexes were controlled. The electrical reactions were normal in the muscles of the extremities of each side.

Dr. Gordinier's Care of "Unilateral Hypertrophy."



ENLARGEMENT OF LEFT CEREBRAL HEMISPHERE

Skin and appendages

There was no definite thickening of the skin; no disparity in the length of the nails; the hair of the scalp was sparse but no unnatural difference in growth was observed.

Diagnosis

Left sided hemihypertrophy, general arterio-sclerosis, cirrhosis of liver, tuberculosis of apices.

The patient became gradually weaker following the repeated abdominal tappings and succumbed to myocardial insufficiency.

Post mortem examination

Body of a middle aged man, much emaciated and pale, abdomen much distended, no general edema. A marked disparity is noted in the size of the trunk and extremities; the left side of the tongue, trunk, left arm and leg are much larger than those of the right side. The brain showed on inspection that the left cerebral hemisphere was distinctly larger than the right and by measurement the left cerebral hemisphere was a centimeter greater in its antero-posterior and a centimeter and a quarter in its transverse diameter than its fellow of the right side. The pituitary body showed no microscopic changes. The bones of the skull seemed much softer than nomal, and no disparity in thickness between the two sides existed.

Lungs

The left pleural cavity contained an effusion of dark, amber colored fluid which had compressed the lungs to the size of a closed fist, making it completely atelectatic. Adhesions about the apex are very firm and in separating them the lung tissue is torn from the chest wall. Section of the lung at the apex shows a general disseminated tuberculosis in the form of small conglomerated tubercles. The bronchial and mediastinal glands are all enlarged, deeply pigmented, and generally calcified.

Right Lung

A few fibrous adhesions were found at the apex which were not so tough as on the opposite side. A few disseminated tubercles were found. Elsewhere the lung tissue is normal.

Heart

Is moderately enlarged, the ventricular and auricular walls are thinned. The coronary arteries show slight thickening. The valves are normal.

Liver

The liver is reduced in size. The surface is coarsely nodular, and several nodules exist the size of a hen's egg. Elsewhere the nodules are much smaller. Section shows a fine connective tissue proliferation. The gall bladder contains thick greenish bile but no calculi.

The pancreas and adrenals appear normal.

The stomach and intestines are normal.

Spleen

Normal in size. The capsule is slightly thickened. On section the connective tissue stroma is increased

Kidneys

The adrenals show no disparity in size and on section appear normal. Both show a granular surface with very few retention cysts. On section the secreting substance is noticeably diminished in amount.

The bladder is normal. Prostate gland shows hypertrophy of the middle lobe.

Thyroid gland is not enlarged. The thymus gland is absent.

The pituitary body appears normal.

MICROSCOPIC

Lungs

Sections from the pleura show the nodules observed at autopsy, they are composed of a central structureless caseous like mass staining deeply with eosin and irregularly studded with pigment. It is surrounded by a thick alveola of pigment. The center is without blood supply. No tubercles can be seen in this tissue. Other sections of the lung are quite intensely infiltrated with exudate, the alveolar spaces being filled with red blood cells, desquamated alveolar epithelium and polynuclear leucocytes. Here and there are conglomerated tubercular areas showing the alveolar exudate necrotic and purulent. These areas of infiltration are small and are separated from one another by alveoli that seem fairly normal.

Heart

Here and there through the ventricular musculature are small areas of interstitial infiltration, about these areas the muscle fibres show definite fragmentation, otherwise the heart appears normal.

Liver

There is a well marked increase in the internodular connective tissue. It is deeply infiltrated with small round cells and newly formed connective tissue cells. The connective tissue increase frequently extends into the periphery lobules. In general the liver parenchyma show little change save in those areas where the connective tissue has compressed them.

Adrenals and Thyroid

No abnormalities noted.

Kidneys

Glomeruli show a connective tissue hyperplasia with obliteration of the capillaries. A diffuse interstitial connective tissue hyperplasia is observed. Many casts are seen in the straight tubules.

Spleen

The pulp is engorged with blood, compressing the malpighian corpuscles. There is also a hyperplasia of the connective tissue stroma.

The brain on section showed no gross pathologic changes.

It is regrettable that through an error in the preservative fluid in which it was placed it became so exceedingly soft that it could not be used for careful histological study.

Tongue

Left side shows the epithelium and muscle fibres staining well. There is apparently no one tissue contributing to the enlargement observed clinically. It must be due to a general hypertrophy.

The right side shows the muscle fibers staining well but they are greatly diminished in numbers as compared with those of the opposite side.

Diagnosis

Hemihypertrophy left side of body affecting tongue and brain as well as skeleton and muscles. Bilateral pulmonary tuberculosis. Cirrhosis of liver. Chronic interstitial nephritis. Glandular hypertrophy of prostate. Chronic passive congestion of spleen.

Remarks

A case of left sided hemihypertrophy is recorded, the autopsy showing an enlargement of the whole left side, including the soft tissues and bones, together with a definite symmetric enlargement of the whole left cerebral hemisphere, it measuring one centimeter greater in its antero-posterior and one and a quarter centimeters greater in its transverse diameter than that of its fellow of the opposite side.

REFERENCES

Fortescue: I. M. *Lancet*, July 3, 1915.
Telford: *Lancet*, November 9, 1912, p. 1290.
Adams: *Lancet*, August 7, 1858.
Davidson, Arthur: *Medical Record*, August 26, 1914.
Pershing: *Journal of Neurology*, October, 1912.
Mummery, C. L.: Proceedings Royal Society of Medicine, 1904-1908, p. 61.
Logan: 1868, Mention by Mummery.
Telanus: Munich, 1893.
McGregor: *Glasgow Medical Journal*, 1894, V. II, p. 189.
Mobius: *Munich. Med. Wochen.*, 1890, V. XXXVI, p. 781.
Redard: *Arch. Gen. de. Med.*, Paris, 1890, V. I, p. 31.
Milne: *Quarterly Med. Jour.*, Sheffield, 1894-95, p. 243.
Hutchison, R.: *Brit. Journal of Children's Diseases*, 1904, p. 238.
Bassoe, P.: *American Journal of Insanity*, Vol. LXIX, July, 1912.
Arnheim: *Virch. Arch.*, 1898, V. 154, p. 300.
Bruning: *Munch. Med. Woch.*, 1904, V. 51, p. 385.
Cigiati: *Deutsche Zeitsch. f. Nervenheilk.*, 1907, V. 32, p. 2823.
Chassignaoe: *Gaz. de Hoſitaux*, May, 1858.
Fischer: *Deut. Zeitsch. f. Chir.*, 1879, V. 12, p. 1.
Foucher: *Bull. de la Soc. Anat.*, 1850, p. 108.
Hornstein: *Virch. Arch.*, 1893, V. 133, p. 440.
Reissmann: *Australasian Med. Gaz.*, September, 1902, June, 1904.
Schilles, M.: *Berl. Klin. Woch.*, 1910, V. 4711, p. 366.
Trelate et Monod: *Arch. Gen. de Med.*, 1869.
Wagner, P.: *Deut. Zeits. f. Chir.*, 1870, V. 24, p. 57.

NOTE ON THE DIAGNOSTIC USE OF THE X-RAY IN PNEUMONIA, WITH ESPECIAL REFERENCE TO THE POSITION OF THE DIAPHRAGM.

By L. W. GORHAM, M. D.,

Instructor in Medicine, Albany Medical College.

Although X-Ray photographs are now usually taken in nearly all the ordinary diseases of the chest, which are studied in the medical wards of a large general hospital, nevertheless this diagnostic procedure has not been widely applied, in following the course of acute lobar pneumonia. The physical signs revealed by inspection, palpation, percussion and auscultation, are as a rule sufficiently clearly marked to enable the clinician to make an accurate anatomical diagnosis of the pulmonary involvement, and to follow its progress. At the suggestion of Dr. Ordway, chief of the medical service, radiographs of the chest have been made, during the past two years, of a small series of selected pneumonia cases, admitted to the Albany Hospital. This plan was adopted with the intent of providing objective records, at the various stages of the disease, up to and including recovery, which would serve as comparative checks on the results of our physical examinations. It was further believed that this method would be stimulating and helpful in the teaching of internes and students.

Early in the course of these observations the author noted that the diaphragm shadow tends to assume a higher position on the affected side than it does normally, providing the lesion is sufficiently extensive (see Fig. 2). In normal chests, X-Ray pictures taken with the breath held, at full inspiration, show that the shadow of the diaphragm on the right side, reaches a slightly higher level than it does on the left (see Fig. 1).

The radiographs were made on plates measuring seventeen inches by fourteen inches, with the patient lying face downward on the table. The carefully centered tube was at a distance of twenty-four inches. The X-Ray diaphragm shadows in fourteen normal chest cases were compared, by measuring on the plates the difference in height between the right and left sides of the diaphragm. The measurements varied all the way from

To illustrate Dr. Gorham's Article on "the Diagnostic Use of the X-Ray in Pneumonia." Albany Medical Annals, February, 1918.

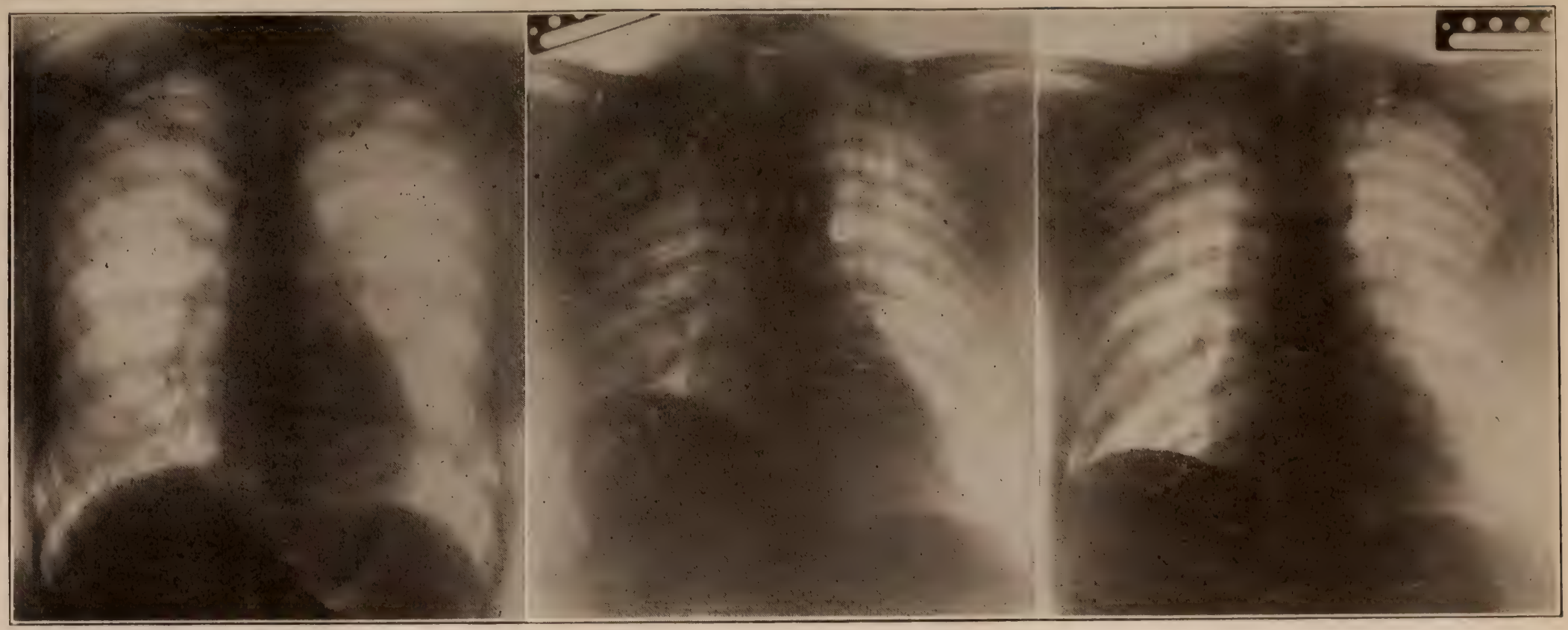


FIG. 1.—Normal Chest. Right side of diaphragm ¾ inch higher than left.

FIG. 2.—Case IV. E. C. Acute Lobar Pneumonia. Radiograph taken two days after crisis. Shadow upper right chest. Diaphragm 3 inches higher on affected side.

FIG. 3.—Same as Fig. 2, taken ten days after crisis. Shadow has cleared. Diaphragm on right side has descended to 1½ inches above left.

zero up to one inch, the average difference being five-eighths of an inch in favor of the right side. In children and adolescents the two sides of the diaphragm are generally on about the same level. Occasional plates with heavy root shadows, and a diaphragm shadow of high position (over one inch above the left side) were encountered. In some, the diaphragm had a wavy instead of a symmetrical curved outline. These patients were in perfect health apparently. No explanation of the relation or significance of these findings can be given. Such plates were not taken as examples of the normal diaphragm, although their pathological significance, if any, is uncertain.

The following selected cases were taken for study of the position of the diaphragm:

Case I.—S. F., age 35. Acute lobar pneumonia—delayed resolution. Typical sudden onset, with chill, temperature 104.8 degrees F., cough and blood-tinged sputum. Physical signs at first of dulness and suppressed breathing, right middle lobe, followed by tubular breath sounds and fine râles. Temperature fell gradually, touching 99 degrees F., on the twelfth day. On the morning of the seventeenth day it rose from an average of 100 degrees F. to 101 degrees F., reaching 103 degrees F. on the afternoon of the nineteenth day. Irregular temperature curve suggesting empyema. Persistent small area of dullness and tubular breathing about right nipple in the fourth interspace. Dulness and suppressed breathing in lower right back interpreted as atelectasis or thickened pleura. Repeated exploratory puncture for pus negative. Sputum negative for tubercle bacilli. Temperature reached normal after eight weeks of the fifty-fifth day. Chest clear on physical examination. Patient discharged well, two days later. X-Ray examinations:

(1) 20th day (Feb. 7, 1916). B 347. Shadow lower right chest, extending up to seventh rib behind—consistent with pneumonia. Diaphragm rises to level of 10th rib on right, 11th on left, difference 1½ inches.

(2) 23rd day (Feb. 10, 1916). B 389. Shadow less dense. Diaphragm 1½ inches higher on right side.

(3) 35th day (Feb. 22, 1916). B 519. Shadow still less. Diaphragm 1¼ inches higher on right side.

(4) 37th day (Feb. 24, 1916). B 544. No change in shadow. Patient in sitting posture. Diaphragm 1⅞ inches higher on right side. Increase may be due to position of patient.

(5) 55th day (March 15, 1916). Chest completely clear. Right diaphragm 1¼ inches. Probably still higher than normal.

Discharged March 17, 1916.

Case II.—D. S., age 58. Chronic alcoholic, four plus positive Wassermann reaction. Acute Lobar Pneumonia—Unresolved.

Onset sudden, characteristic. Physical signs of consolidation in left upper lobe. Temperature 103 degrees F. Gradual decline to normal in eight days, but fever increased again and process extended to lower lobe. Breath sounds absent at base. Exploratory puncture showed a small amount of muco-purulent material in the eye of the needle. Patient died on the 36th day of disease. Autopsy showed left upper lobe solidified, left lower lobe negative, lower part of upper lobe atelectatic. Temperature normal 25th to 32nd day, then rose to 103 degrees F. with rapid pulse. Pneumonic process in lower lobe probably resolved between 25th and 32nd day, thus accounting for negative findings at autopsy in this portion of the lung. X-Ray examinations:

(1) 11th day (Feb. 2, 1916). B 303. Involvement of entire left chest—dense shadow. Left diaphragm ½ inch higher. Probable pneumonia.

(2) 19th day (Feb. 10, 1916). B 390. Marked lessening of shadow. Slight haziness left chest still present. Diaphragm ½ inch higher on this side.

(3) 24th day (Feb. 15, 1916). B 440. Lung clearing still more. Diaphragm practically same height on the two sides. Patient afebrile 25th to 32nd day.

(4) 31st day (Feb. 22nd, 1916). B 522. Left upper lobe shows deepening shadow. Base clearing still more. Diaphragm ¾ inch higher left side. Rise of diaphragm coincident with lighting up of pneumonia again.

Case III.—E. C., age 34. Acute Lobar Pneumonia.

Onset January 25, 1917, three days before admission; chill, fever, pain in chest, typical signs consolidation right upper lobe. Crisis on seventh day, February 2, 1917.

Feb. 5th. Although temperature and pulse became normal abruptly at crisis, the respiration came down more slowly, and the physical signs persisted until Feb. 11th. Discharged Feb. 13th, 1917, well. Chest clear on physical examination. X-Ray examinations:

(1) 10th day (Feb. 5, 1917). B 328. Shadow upper right chest. Right side of diaphragm three inches higher than left. See Fig. 2.

(2) 17th day (Feb. 12, 1917). B 420. Shadow gone. Resolved pneumonia. Right diaphragm 1½ inches above left, but still higher than normal probably. See Fig. 3.

Case IV.—P. G., age 31. Acute Lobar Pneumonia, Resolving. Right Apex.

Patient admitted January 15, 1916. Had "grippe" since December 25th, cough, weakness, soreness in chest, night sweats, abundant sputum, apparently lost weight. Physical examination showed right apex dull with many fine râles, front and back. Suspected of having tuberculosis. Sputum negative repeatedly. Date of onset questionable. Temperature 100 2/5 degrees F. on admission, reached a normal level in eight days, apparently the end of a pneumonia by lysis. Patient returned to the hospital one year and eight months later for another ailment. X-Ray taken then, absolutely negative. X-Ray examinations:

(1) 24th day (Jan. 18, 1916). B 143. Small shadow right apex. Diaphragm 1⅜ inches.

(2) Oct. 12, 1917. Shadow gone, chest negative. Diaphragm 1¼ inches.

Case V.—L. D., age 18. Atypical Acute Lobar Pneumonia.

Sudden severe characteristic onset with dry cough, temperature 103 degrees F., delirium. Physical examination atypical showing only dulness and suppressed breathing over right upper lobe. Crisis on fourth day. Discharged well in ten days. X-Ray examination:

(1) 7th day (Feb. 3, 1916). B 307. Normal chest. Diaphragm ⅛ inch higher on right side.

Case VI.—R. C., age 6. Atypical Acute Lobar Pneumonia.

Onset October 23, 1917, sudden, with high fever, vomiting, headache and cough. Admitted October 26, 1917. Crisis on October 29th. Rapid pulse and respiration, temperature 103 to 106 degrees F. Small but definite signs of consolidation on upper portion right lobe developed after two days. Child left hospital against advice before temperature fell to normal—99-100. Discharged Nov. 18, 1917. Dullness over right back. White blood cells 8,400. Impression, delayed resolution. X-Ray examinations:

(1) 4th day (Oct. 27, 1917). 9802. Apices clear. Shadow in upper outer portion right lung, fourth to seventh rib behind and outer two-thirds chest. No difference in diaphragm, on level almost hair line in favor of right.

(2) 20th day (Nov. 12, 1917). C 2. Lung clear. Diaphragm same.

Case VII.—I. R., age 9. Acute Lobar Pneumonia.

Onset sudden Nov. 16, 1917. Temperature 103 degrees F., pulse 130, respirations 55. Typical signs consolidation right base. Signs of meningismus developed. Crisis on seventh day, November 23, 1917. Discharged December 18, 1917, well. X-Ray examinations:

(1) 11th day (Nov. 16, 1917). C 187. Shadow lower right chest.

Diaphragm 7/8 inch higher on this side. No pictures taken at height of disease.

(2) 26th day (Dec. 12, 1917). C 388. Chest clear. Diaphragm D. 6/8 inch.

Case VIII.—M. C. P., age 55. Acute Lobar Pneumonia.

Onset about April 30, 1917, cough, blood tinged sputum, pain in chest, not very acute at first. Admitted May 5th. Temperature 98.5 degrees F. On May 6th, rose to 103 degrees F. Crisis on May 10th. Physical signs typical right upper lobe consolidation. Discharged June 10, 1917, well. X-Ray examinations:

(1) 6th day (May 7, 1917). 7332. Apex clear. Dense shadow right chest, upper portion. Diaphragm drawn up to rounded peak 1 5/8 inches —very high.

(2) 40th day (June 10, 1917). 7906. Shadow cleared. Peak gone from diaphragm. Diaphragm hidden by breast shadow, height can not be measured.

Case IX.—H. C., age 23. Acute Lobar Pneumonia. Pulmonary Abscess.

Onset about December 21, 1916, chill, cough, fever, unable to work since then. Admitted January 26, 1917 with temperature 100, pulse 90, respirations 30. Signs of atelectasis (dulness, suppressed breathing) left lower lobe (remains of a pneumonia). Exploratory puncture negative for pus. Slight fever, relatively good general condition. Foul sputum noted February 12, 1917, increasing amount and worse odor. Flatness and inaudible breath sounds, left lower chest increased. Gradual recovery. Discharged April 6, 1917. Temperature 99-100 degrees F. Jan. 26th to Feb. 16th. Temperature normal Feb. 16th to 27th, then 99 to 100 until March 4th. X-Ray examinations:

(1) 35th day (Jan. 25, 1917). B 5279. Shadow base left lung, suggests empyema or consolidation. Left diaphragm 1 1/8 inches higher than right.

(2) 39th day (Jan. 29th, 1917). B 5334. Shadow less dense in left lung. Diaphragm same.

(3) 49th day (Feb. 8, 1917). B 5537. Dense shadow lower left lung. Diaphragm pulled up in high oval peak 1 5/8 inches higher than right side.

(4) 63rd day (Feb. 22, 1917). B 5840-B 5842. Same shadow left lung, diaphragm on this side 1 5/8 inches above right.

(5) 74th day (March 5, 1917). B 6067. Shadow cleared somewhat. Left side of diaphragm 3/8 inch higher than the right.

Case X.—J. J., age 20. Acute Lobar Pneumonia. Empyema Pyopneumothorax following operation.

Onset pneumonia December 25, 1916. Admitted Jan. 16, 1917 with empyema, right chest. Operation Jan. 19, 1917, drainage. X-Ray examinations:

REPORT OF COMMITTEE ON MEDICAL SCHOOLS AND HOSPITALS.

By JAMES C. FARRELL.

Read at the Annual Meeting of the Board of Trustees of the Albany Medical College, June 5, 1917.

Gentlemen:

At the request of the President of the Board of Trustees I beg to submit to you a report of a recent visit to some of the leading medical teaching centers of the West. This survey was undertaken by Dr. L. W. Gorham and myself and the itinerary planned by the Faculty of the Albany Medical College so as to enable us to see in actual operation a number of the western medical schools with their allied hospitals which have taken so commanding a place in the medical education of the United States in the past few years. The study was in no sense intensive but yet there were certain fundamental points regarding these institutions which impressed themselves upon us. For the sake of brevity, and as illustrating the most modern types of medical schools and allied hospitals, I shall confine my report principally to the Washington University Medical School at St. Louis and the University of California Medical School at San Francisco.

The Washington University Medical School

The Medical Department of Washington University, known since 1909 as the Washington University Medical School continues the work of the St. Louis Medical College and the Missouri Medical College, the two oldest medical schools west of the Mississippi River.

In 1910 the Corporation of the University, appreciating the value of the service which a medical school can give to the community, with the cooperation of the Medical Faculty, reorganized the School in all departments and appointed heads of departments and instructors in anatomy, physiology, biological chemistry, pathology, preventive medicine, surgery, and pediatrics, who devote themselves to teaching and research, and associated with this staff clinical instructors chosen from the medical profession of

St. Louis. These changes were made with the aid of funds donated by philanthropic citizens of St. Louis.

Buildings, Laboratories, Libraries, and Clinical Facilities. The Medical School occupies three buildings, in which the greater part of the work of the School is conducted. It has exclusive use of the teaching privileges of three hospitals, readily accessible from the Medical School, and has clinical privileges in the various city institutions.

The Medical School Buildings. The three buildings of the Medical School are connected by corridor and tunnel with the Barnes Hospital and the St. Louis Children's Hospital. They are the Building for Dispensary and Hospital Laboratories, the North Laboratory Building and the South Laboratory Building.

Unit systems prevail in the general construction of these buildings, and so far as advantageous in the fixtures and furnishings. Provision is made in all lecture rooms for the different methods of optical projection and for demonstrations involving the use of gas, water, electricity and compressed air. Research laboratories and technicians' rooms are provided with forced-draft hoods, electricity, steam, and apparatus for controlling temperature. The attic space is utilized for the assembling of the air ducts from the chemical hoods and for the electric fans operating the draught. A steam still and tin-lined tanks for distilled water are located here, block-tin pipes running from the tanks to the basement with openings on each floor.

Students' Dormitory. A dormitory building containing rooms for about sixty students has been erected on Forest Park Boulevard, in close proximity to Forest Park, one of the most attractive localities in the city. There is a tennis court in the rear of the building, and there are public golf links, tennis courts and baseball grounds in Forest Park. Each room is fully furnished for occupancy and supplied with hot and cold water, light and heat. There is a social hall in the basement of the building. Rooms rent at ten dollars per month.

Library. The library contains over 23,000 volumes and receives 356 medical journals. Of these 283 are in complete series.

The Beaumont room, adjoining the main reading room is of special interest to the visitor. It contains manuscripts, letters,

and other valuable material of the American Physiologist Beaumont. The original notes made during the investigations on the stomach of the Canadian trapper Alexis St. Martin, form part of the collection. St. Martin had a hole shot in his stomach, leaving a permanent defect. The first great studies on digestion were made on him.

Clinical Facilities. The affiliation of the Barnes Hospital and the St. Louis Children's Hospital with the Washington University Medical School makes these institutions for teaching purposes integral parts of the Medical School. These hospitals offer opportunity for study and observation in every important branch of medicine, and are closely connected with the Out-Patient Department of the University. This assures to the student unusual advantages in clinical work. The attending staffs of each hospital consist of the heads of the University Departments of Medicine, Surgery, Obstetrics, and Pediatrics, with their assistants.

Free and pay patients may be admitted to either hospital, but every effort is made to prevent the pauperization of the individual, and patients who are able to pay are expected to meet the nominal rates in force.

In both hospitals there is adequate laboratory equipment for the investigations necessary in diagnosis. In addition to the ward laboratories, there are special laboratories in the Department of Medicine with facilities for research workers.

The Barnes Hospital. The Barnes Hospital is affiliated with the Medical School. The buildings are situated upon a lot facing Forest Park, a plot of over two hundred acres. The group of hospital buildings proper consists of a central administration building, from which extend corridors leading to the medical and surgical wards, and to a private pavilion, service buildings, and laundry. These buildings are of fire-proof, gray brick construction.

The main entrance of the administration building opens upon a spacious marble floored rotunda containing a bronze bust of the donor, Robert A. Barnes. On either side of this rotunda are situated the general information office, the administrative office, the trustees' room, offices of the superintendent, and rooms for the attending physicians. The resident medical staff is housed

in the second and third stories of this building. The lecture room for the medical department is located on the two upper stories. On the top floor is the operating pavilion. This is a splendid idea. It impressed us most favorably because the arrangement of this space is such that the incoming patients may be conducted to the etherizing rooms by way of a separate corridor and are not brought into contact with the routine work of the department. There are one large and three small operating rooms, a small amphitheater, dressing rooms, and workroom for the nurses. To the north of the administration building are the separate service buildings containing kitchens, dining-room, bakery, and laundry, and rooms for the hospital employees, thus removing the noise and dirt of these features of a hospital.

The building at the west of the hospital lot facing Forest Park both on the south and west is the private pavilion. Its separate entrance on Kings highway gives to a service the convenience of a private hospital with all advantages of a general hospital.

The wings containing the wards of the hospital are situated on either side of the administration building. They are three stories high and have the shape of the letter T. On either side of the ward are porches for convalescent and bed patients.

With the space in the private pavilion the initial capacity of the Barnes Hospital is approximately 220 beds. A sufficient space is reserved to increase this number materially.

The hospital contains numerous class rooms, laboratories, lecture rooms, and examining rooms in addition to the accommodations usually found in general hospitals. Special provision has also been made for a modern equipment in the Departments of Actinography and Hydrotherapy and Physical Therapy, and special wards and equipment are provided for studying metabolism.

The St. Louis Children's Hospital. The Children's Hospital, which is placed on the same tract as the Barnes Hospital, immediately northwest of it and facing Forest Park on the west, offers facilities for bedside study and instruction in the diseases of infancy and childhood, including the infectious diseases. It is built of gray brick and harmonizes in color and design with the adjacent buildings. The hospital has general medical wards, audi-

torium, and contagious wards with the accessory equipment of each.

Washington University Dispensary, Out-Patient Department of the Barnes and St. Louis Children's Hospitals. The clinics, which in previous years have been held downtown, are now conducted in a single dispensary, which is an organic part of the Medical School, and is entirely controlled by the corporation of the University through a committee of the Medical Faculty. There were recorded in this dispensary in the year from June 30, 1915 to June 30, 1916, 127,935 visits. As in the hospitals, the University Departments of Medicine, Surgery, Obstetrics, and Pediatrics are responsible for the care of patients. All clinical facilities are available for teaching purposes, and members of the third year class in small sections work in these clinics under the supervision of the out-patient staff. The work of all services is facilitated by the cooperation of the Departments of Nursing and of Social Service of Washington University.

Aim of School. It is the aim of the school to prepare its students to become practitioners of medicine, the experience gained in the laboratories and hospitals serving as the bases for medical training and knowledge. The work of the clinical years is essentially practical. Patients are used as a means of demonstration in clinics and for bedside instruction, and relatively little attempt is made to formulate information in lectures.

The University of California Medical School

The University of California Medical School is a divided one. The first two years are given at Berkeley, the home of the University proper, a beautiful spot across the bay from San Francisco. The clinical instruction of the last two years is given in San Francisco at the new University Hospital, recently completed by assistance and advice of Dr. Winford Smith of Johns Hopkins.

The budget for the medical school last year was $350,000. The department of anatomy alone received $22,000. This annual grant comes from the State, but California is unique among State Universities in having always received liberal financial support from private individuals as well. Many of the beautiful buildings are

gifts of private donors. The new hospital erected at a cost of $675,000 came from public-spirited men in San Francisco.

Six years ago the Medical School, with a budget of $12,000, was on the verge of having to close its doors because of the inferior quality of its work. President Wheeler forced a reorganization. Under the direction of Dr. Herbert C. Moffit as Dean and Professor of Medicine a strong faculty was built up, and the beginning of one of the best schools in the United States was initiated.

We spent a very pleasant day at Berkeley as the guest of Dr. Evans, the Professor of Anatomy, lunching with him and several other members of the Faculty at the Faculty Club. Our reception here, as everywhere, was most cordial, and it was gratifying to learn from personal contact that in every center there were men who knew of the work and aspirations of the reorganized Albany Medical School.

The question of full time teachers (men who do no private practice) in the clinical years is under hot discussion in San Francisco. Dr. Moffit and his associates feel that the idea is still in the experimental stage. Johns Hopkins and Washington University are trying it out.

Time will not permit a full report on all the places visited, but no one can see a number of different institutions without drawing comparisons and discovering points of interest, points of strength and weakness.

The Southern Pacific Railroad Hospital. The Southern Pacific Railroad runs a model hospital in San Francisco for its employees. A few dollars per month as insurance entitles each employee to free treatment if injured or sick. We spent a morning going through the hospital with the Chief Surgeon, Dr. Ainsworth. One of the novel features was the absence of stairways, which were replaced by "inclines" or "ramps." Innumerable time saving and scientific devices were present in every department from laundry and kitchen to operating room and laboratory. From the standpoint of pure efficiency, this was probably the best run and equipped hospital visited. Its attending staff did not measure up to that of the better teaching hospitals and the internes and their records were not of the same standard seen where

there is a University affiliation. All that money and the business efficiency of military discipline could accomplish had been accomplished here.

At St. Luke's Hospital in Chicago one was impressed on going into the entrance on the private side with the air of refinement which prevailed throughout as exemplified in the details of construction and furnishings. The courtesy extended to strangers and the restful quiet of the hospital was noteworthy. In our survey of the hospitals in New Orleans we had the pleasure of meeting Dr. Duval, Professor of Pathology and saw something of his work in the production of sera, vaccines, and other biological procedures. We also learned about the work done in the study and diagnosis of leprosy and bubonic plague and were impressed with the great importance to the community of a competent pathologist, in preventing the spread of communicable diseases, in assisting physicians to more accurate diagnosis in many diseases.

Summary

1. There is a nation-wide change in medical education which can be stated from what was seen at New Orleans, San Francisco, Denver, Kansas City, St. Louis, Chicago, and Cleveland.

2. The mutual value to each institution of an affiliation between hospitals and medical schools is an accepted fact throughout the country.

3. The quality of records kept is a very good index of the type of medical work done by a hospital.

4. The sums spent annually for medical education are increasing, not decreasing. Extravagant or ill considered expenditures in buildings have been made in some instances. More rigid economy would be possible in running expenses.

5. Few schools have a site equal to the proposed one for the Albany Medical College adjoining the Albany Hospital. The importance of a compact centralized medical school cannot be over-estimated.

6. Among the important medical questions on the Pacific coast are full time clinical teaching, health insurance and group medicine.

Photographs, plans and other illustrations were presented for the inspection of the Trustees.

Correspondence

LETTERS FROM THE WAR

(NOTE.—A series of letters written by Dr. CHARLES G. BRIGGS (A. M. C., '89) to friends at his home, Schenectady, has come into the possession of the ANNALS. They are vivid descriptions of the active service in which Dr. Briggs has been engaged in France since the summer of 1916 and are worthy of the larger circulation given by publication, and of the attention of his colleagues among the alumni who recognize the eminence in his profession he had attained before he dedicated himself to the supreme test of professional excellence.)

AMERICAN RED CROSS
(Croix-Rouge Americaine)

Paris, July 21, 1917.

Dear ———.

We send our cars up by day as close to the front as the conditions will reasonably admit. In some places the road will traverse a hollow and in that way, be screened from German view. In many places screens are built of brush, held upright by wires interlaced. These are usually ten or twelve feet high. Often cheesecloth is used in the same manner and painted to represent landscape coloring. Banners of it also cross the road in some localities where the "soucisse" (sausage) balloon can get a view of the road from a different angle.

They do not, as a rule, bother with an individual or a single cart, but if they can find that the way is being used by any regular service like ammunition wagons or the ravitaillement (revictualing carts) they at once get busy and always an occasional shell is dropped in the road at varying intervals to show they are not sleeping. These roads in the daytime are usually used only by the ambulances which cross places exposed to view so quickly they cannot be hit and there is not enough time to make it pay for the waste of ammunition to shell on the chance of getting one. The troops, revictualling and munition, use these roads by night only.

These are our day postes. As soon as it becomes dark we push up to another poste, as close in as we can possibly run the cars without having them wrecked by the conditions of the destroyed roads. Here is some hole under a bank or in the

cellar of a demolished house or barn, with ceiling too low for one to stand erect and embraced with upright timbers so it will not collapse except from a direct hit, we have our Poste de Secours, to which the wounded are brought in two-wheeled carts, or on stretchers, by means of communicating trenches made especially wide for this purpose. From here we take them to the first field hospital, from which they are usually removed as fast as possible by a French section of motors. Sometimes we use but a few cars, though we never leave a poste day or night without cars on duty. At other times, during an attack, they may be loaded and leave on a ten-minute schedule. At such times as this a relay station is established a couple of miles down the road and two cars go up to replace each two which come down. We try to keep the cars scattered to avoid the possible calamity of losing a bunch at a time. At the first field hospital the men are unloaded and carried into a large tent, to be sorted and receive further care and emergency operations. There is an operating and x-ray room here. Occasionally, in a big rush, everything gets quite filled to overflowing and to make a place for our men to unload we call out our cooks, waiters, etc., with our cuisine camions, load them with "assis" (sitters) and get them on down to the next hospital. The wounded Frenchmen almost never moans or makes an audible sound, just turns his eyes to watch every motion and if he is able to say a single word, it's "Merci."

Not infrequently, it's his last, for when the doors are swung open at the hospital we find that somewhere on the way, he has escaped from the hurts and bandages and cold and wet and hunger and Germans. So it goes on month after month. When something happens, like America's coming in, it's new strength to tired feet. But it's a long pull; there isn't much glitter or pomp. It's just being away from home, and looking for letters and carrying a little wallet with a few sous in it and a picture or two with something written on the back and every four days it's "so long, we're going in again." Some come out after their quotidian attack; some others are carried out in ambulances. Some come down in the first grey of the morning; a horse and two-wheeled cart is their ambulance. They seldom have to wait,

—every preparation for them on a hillside has been made the day before. The emblem of France is laid over them with creed words pronounced with a half-frozen clergyman. One of our Frenchmen over enlisting age, who is detailed to help me, has an only son, a sergeant in one of our regiments. He knows every time his boy goes in. And when my boots aren't cleaned in the morning, I know he is out watching the carts come in. It is never referred to by either of us. Our common knowledge even is denied, a kind of deceit for which we both feel better. The kind of sympathy a man feels when he pretends to be "fixin' somethin'" while his mate is getting himself together.

Then on the morning of the return, Henri comes swinging down the road with an exaggerated indifference and father bustles about for hot coffee, bread and comfiture and listens to the latest tales of the "Sale Boche."

I saw our boys in Paris on the Fourth of July and was present at the flag presentation in the "Invalids." It was the first time in history, I think, for American armed soldiers to be in Paris. In response to a hurry telephone call from General Pershing's quarters, we on the same day carried the first sick soldier in Paris. We happened to have one of the ambulances of old No. 7 in town for repairs and it was standing right by when the call came in.

I am glad to hear by your last that Dr. MacMullen is coming over. I hope it will be to France and that I will see him.

You all did most wonderful work for the Red Cross. I expect soon to be doing hospital work and to be dispensing some of your generosity.

Remember me to all our mutual friends and assure them that there is a loadstone pulling night and day in Schenectady.

Always sincerely yours,

CHARLES G. BRIGGS.

Paris, July 27, 1917.

Dear ———.

You have all done so well with the Red Cross work. We, here, are all so pleased and proud of you and glad we are also of the same "New World."

Captain Norton and Mr. Harjes thought after we came in the war that each man should direct his efforts along the lines in which he had been especially trained. Therefore, they had me come in to Paris and see Major Murphy and Mr. Perkins who in turn have assigned me as assistant to Doctor Alexander Lambert, who has charge of the Red Cross Medical work for France.

If I had the time to keep a diary just of daily events in our office, it would be a best seller. A man thirty-five to fifty years of age, yellow wrinkled skin, a black cotton glove carefully buttoned on each hand, black spectacles and hair rather thick but as dead as excelsior, wants to start a school for instructing young men in disinfecting the devastated districts; followed by a woman, widow of the war, with low mouth corners, wishes work as masseuse, has two children and no dejeuner; next a man with springs for ambulances guaranteed to rob them of all their terrors; then a woman doctor with a secret remedy to sell for the cure of bone tuberculosis, followed by another man with an excellent plan for diet canteens at the front; then a man who wishes me to collaborate his book with addition of English ideas; then an impoverished nobleman with a chateau to offer for a hospital; a letter from twelve moving picture girls at Los Angeles asking for the names of twelve lonely soldiers; a letter from Columbus, Ohio, asks if we need tin foil for filling the soldiers' teeth. If so, she would like to collect some and so be doing her bit. Mixed with all these people are the real ones, and the separation process goes on daily. A lot of plans are being started which I am sure will make for the comfort and safety of our boys. I lunched yesterday with Mr. ——— and son. The boy is about nineteen, a fine fellow, has finished in the American Ambulance and now joins the French artillery as a private. Said he was getting tired of Paris. "How long have you been here?" "Three days." "When do you go out?" "Not for a week." We were at the luncheon table and I remarked I wouldn't mind having a son like that. The father's eyes filled . . . and each one was careful not to notice it.

We are establishing rest stations at every important place

on the lines over which our troops travel, going from the port of entry to the front and back.

I have been drawing up a list this afternoon of the outfit necessary for the nurses. We will give soldiers treatment, meals, beds and small useful articles. And some of our staff will meet every train day and night. We are giving support to a canteen system which we hope will be carried much nearer the front than has been the custom. Our convalescents will be handled in a new way and the method of evacuatiing the wounded considerably changed.

July 28th.

We are going up to Neuilly this morning to search for a suitable building for the hospital. I have wanted much to come home for a couple of weeks before taking new work but we are all so anxious to get completely organized and started, that it seems foolish to take the time necessary to make a visit now. I met young Bush in Morgan-Harjes a short time ago in an aviation uniform. He looked well and in good spirits.

I have seen no other Schenectady men.

When I get my hospital under way, would you and some of our Schenectady friends like to direct part of your Red Cross work in the form of supplies to it? If so, I will give you a list of needs.

Always sincerely yours,

CHARLES G. BRIGGS.

Editorial

We ate no fish in the camp the whole of Lent save eels; and the eels ate the dead people, for they are a gluttonous fish. And because of this evil, and for the unhealthiness of the land—where it never rains a drop of water—there came upon us the sickness of the host, which sickness was such that the flesh of our legs dried up, and the skin upon our legs became spotted, black and earth colour, like an old boot; and with us, who

Captain Norton and Mr. Harjes thought after we came in the war that each man should direct his efforts along the lines in which he had been especially trained. Therefore, they had me come in to Paris and see Major Murphy and Mr. Perkins who in turn have assigned me as assistant to Doctor Alexander Lambert, who has charge of the Red Cross Medical work for France.

If I had the time to keep a diary just of daily events in our office, it would be a best seller. A man thirty-five to fifty years of age, yellow wrinkled skin, a black cotton glove carefully buttoned on each hand, black spectacles and hair rather thick but as dead as excelsior, wants to start a school for instructing young men in disinfecting the devastated districts; followed by a woman, widow of the war, with low mouth corners, wishes work as masseuse, has two children and no dejeuner; next a man with springs for ambulances guaranteed to rob them of all their terrors; then a woman doctor with a secret remedy to sell for the cure of bone tuberculosis, followed by another man with an excellent plan for diet canteens at the front; then a man who wishes me to collaborate his book with addition of English ideas; then an impoverished nobleman with a chateau to offer for a hospital; a letter from twelve moving picture girls at Los Angeles asking for the names of twelve lonely soldiers; a letter from Columbus, Ohio, asks if we need tin foil for filling the soldiers' teeth. If so, she would like to collect some and so be doing her bit. Mixed with all these people are the real ones, and the separation process goes on daily. A lot of plans are being started which I am sure will make for the comfort and safety of our boys. I lunched yesterday with Mr. ——— and son. The boy is about nineteen, a fine fellow, has finished in the American Ambulance and now joins the French artillery as a private. Said he was getting tired of Paris. "How long have you been here?" "Three days." "When do you go out?" "Not for a week." We were at the luncheon table and I remarked I wouldn't mind having a son like that. The father's eyes filled . . . and each one was careful not to notice it.

We are establishing rest stations at every important place

on the lines over which our troops travel, going from the port of entry to the front and back.

I have been drawing up a list this afternoon of the outfit necessary for the nurses. We will give soldiers treatment, meals, beds and small useful articles. And some of our staff will meet every train day and night. We are giving support to a canteen system which we hope will be carried much nearer the front than has been the custom. Our convalescents will be handled in a new way and the method of evacuatiing the wounded considerably changed.

July 28th.

We are going up to Neuilly this morning to search for a suitable building for the hospital. I have wanted much to come home for a couple of weeks before taking new work but we are all so anxious to get completely organized and started, that it seems foolish to take the time necessary to make a visit now. I met young Bush in Morgan-Harjes a short time ago in an aviation uniform. He looked well and in good spirits.

I have seen no other Schenectady men.

When I get my hospital under way, would you and some of our Schenectady friends like to direct part of your Red Cross work in the form of supplies to it? If so, I will give you a list of needs.

Always sincerely yours,

CHARLES G. BRIGGS.

Editorial

We ate no fish in the camp the whole of Lent save eels; and the eels ate the dead people, for they are a gluttonous fish. And because of this evil, and for the unhealthiness of the land—where it never rains a drop of water—there came upon us the sickness of the host, which sickness was such that the flesh of our legs dried up, and the skin upon our legs became spotted, black and earth colour, like an old boot; and with us, who

had this sickness, the flesh of our gums putrified; nor could any one escape from this sickness, but he had to die. The sign of death was this, that when there was bleeding of the nose, then death was sure.

Joinville's Chronicle of the Crusade of St. Lewis.

✢ ✢ ✢

Biochemistry and the War.

The application of science to every phase of modern warfare is now universally recognized and without the cooperation of the engineers, physicists, and chemists warfare could not approach its present destructive character. Apart from these activities (although of considerable importance) a large amount of purely scientific endeavor has been devoted to the conservation of the health of those engaged in the present struggle. A few striking examples will be indicated which may be classified as constructive applications of biochemistry.

The first of these is the purification of water. Chlorine compounds have been used for sterilizing polluted waters for some time but their application on a large scale to field conditions required additional experience and experiments.

Another important application of biochemistry is the problem of accessory food factors or vitamins in the diet. In recent years biochemical studies have indicated the necessity of the presence of certain substances in small amounts for maintenance and growth. The practical importance has been shown by the success obtained in the prevention of scurvy, beriberi, and similar nutritional disorders among troops where an abundant supply of fresh foods is difficult or impossible. By supplementing the diet with small amounts of material rich in these accessory food factors it has been possible to restrict the development of such nutritional diseases which would have been impossible a few years ago.

One of the most urgent problems during the present war is the treatment of infected wounds. The problem has surpassed in difficulty anything previously experienced both as to frequency and malignity of wound infection. Of the innumerable antiseptics developed two have gained special favor in the present war and they have much in common. They are the calcium hypochlorite and boric acid mixture developed by Lorain Smith and neutral

sodium hypochlorite solution introduced by Dakin. Numerous modifications of these antiseptic solutions containing chlorine compounds have been prepared, but the essential principle is the same. The germicidal action of hypochlorites has long been used for water purification and other hygienic purposes but seldom for surgical purposes except occasionally for the removal of sloughs. One reason to account for this fact is that commercial hypochlorite preparations contain free alkali and therefore, are very irritating. The presence of free alkali in the above solutions is guarded against by the use of a well known physico-chemical principle. For example, when a polybasic acid as phosphoric or carbonic is partly neutralized by the addition of alkali a point is reached where the solution contains a mixture of acid and neutral salts which react approximately neutral to certain indicators. Moderate addition of acid or alkali to such solutions can be made without changing the reaction of the solution, the only change being the variation of the proportion of salts. In the antiseptic solution mentioned above, to one the polybasic boric acid is added to the alkaline hypochlorite and the other contains bicarbonate and carbonate so that the resulting solutions are capable of maintaining neutrality.

Preference for the hypochlorite antiseptics is supported by both clinical and laboratory investigations. The technique employed is very essential for really satisfactory results. Repeated renewal of the hypochlorite solution in wounds which have received surgical treatment is a practical necessity that is easily understood if the rate of disappearance is borne in mind but this is often overlooked.

Other applications of biochemistry to the war which may be merely mentioned are the preparation of synthetic drugs, as arsenical compounds and local anesthetics; synthetic dyes as antiseptics; and protection against poisonous gases.

ARTHUR KNUDSON.

Public Health

Edited by Arthur Sautter, M. D.

DEPARTMENT OF PUBLIC SAFETY, BUREAU OF HEALTH, ALBANY, N. Y.

BUREAU OF VITAL STATISTICS.

COMPILED BY WILLIAM F. FULLGRAFF, REGISTRAR.

DEATHS FOR MONTH OF DECEMBER, 1917.

Consumption	22	Broncho Pneumonia	7
Typhoid Fever	1	Bright's Disease	14
Scarlet Fever	0	Apoplexy	7
Measles	0	Cancer	15
Whooping Cough	0	Accidents and Violence	12
Grippe	1	Deaths under 1 year	14
Diarrheal Diseases	3	Deaths over 70 years	31
Diphtheria and Croup	0	Death rate	18.30
Pneumonia	19	Death rate less non-residents	15.73

Deaths in Institutions.

	Non-Res.	Res.		Non-Res.	Res.
Albany Hospital	9	16	Albany County Hospital	0	1
Albany Hospital Camp	4	2	St. Margaret's House	1	0
Hospital for Incurables	0	1	Infants Home	1	1
Hoemopathic Hospital	4	4	Public Places	0	2
St. Peter's Hospital	3	12			
Maternity Hospital	0	1		22	41
Child's Hospital	0	1			

Births	180	Still Births	8

BUREAU OF COMMUNICABLE DISEASE.

Cases reported during December, 1917.

Typhoid Fever	22	Epidemic Cerebro-spinal Meningitis	2
Scarlet Fever	4	Septic Sore Throat	1
Diphtheria and Croup	5	Mumps	16
Chickenpox	79	Puerperal septicaemia	2
Smallpox	0		
Measles	28	Total	212
Whooping-cough	19		
Tuberculosis	34		

Number of days quarantine for scarlet fever:
Longest.....31 Shortest.....31 Average.....31

Number of days quarantine for diphtheria:
Longest.....21 Shortest.....11 Average.....17 1/3

Fumigations: Houses .....22 Rooms .....124.

Milk bottles disinfected 82

Communicable Disease in Relation to Schools.

	Reported D.	S.F.	M.	Deaths. D.	S.F.	M
Vincentian Institute	2					
Public School No. 5	1					
Public School No. 16			1			

Nurses' Report

TUBERCULOSIS.

Living cases on record December 1, 1917		805
Cases reported:		
By card	31	
Dead cases by certificate	3	34
		839
Dead cases previously reported	19	
Dead cases not previously reported	3	
Removed	5	
Died out of town	1	28
Living cases on record Jan 1, 1918		811
Total tuberculosis death certificates		22
Non-resident deaths:		
Albany Hospital Camp	4	
St. Peters Hospital	1	
Homeopathic Hospital	1	6
Resident Deaths		16

Visits to cases of Communicable Disease.

Tuberculosis	23	Visits to physicians	2
Miscellaneous	22		

Bender Laboratory Report.

DIPHTHERIA.

Initial Positive	17	No growth	8
Initial Negative	191		
Release Positive	19	Total	285
Release Negative	50		

Sputum for Tuberculosis.

Positive	68	Unsatisfactory	1
Negative	168		
		Total	237

Widals.

Positive.	14	Unsatisfactory	2
Negative	42		
Suspicious.	9	Total	67
Wassermann tests	138	Bacteriological examination.	1
Milk Analyses	60		

Bureau of Nuisances.

Complaints made	18		
Inspections	19	Reinspections	33
Plumbing	12	Plumbing	13
Sanitary	7	Sanitary	20

Hearings

Hearings	1	Cases heard	1

Class of Cases.

Plumbing	1

Disposition of Cases.

Abated	1

Bureau of Plumbing, Drainage and Ventilation.

Inspections	82	Houses tested	12
Old houses	63	Blue or red	2
New houses	19	Peppermint	4
Permits issued	41	Water test	6
Plumbing	36	Houses examined	14
Building	5	Re-examined	36
Plans submitted	3	Valid	10
Old buildings	1	Without cause	4
New buildings	2		

Dead Animal Report.

Horses removed	26	Cats removed	199
Dogs removed	180		
		Total	405

Bureau of Markets and Milk.

Public market inspections	18	Milk depots inspected	9
Market inspections	52	Stores inspected	68
Fish market inspections	8	Milk houses inspected	57
Packing house inspections	1	Dairies inspected	57
Rendering plant inspections	1	Cows examined	598
Slaughter house inspections	1	Cows quarantined	6
Lactometer readings	20	Cows removed	2
Temperature readings	20	Complaints investigated	2
Fat tests	56	Dairy farms, special investigations for communicable disease	136
Sediment tests	62		
Chemical tests	24		
Bacterial counts	48		

MISCELLANEOUS.

Cards posted for contagious disease	9	from doctors	9
Cards removed	6	Inspections and reinspections	39
Notices served on schools	211	Employment certificates issued to children	13
Notices served on stores and factories	7	Vaccinations	15
Postal card returns sent to doctors	8	Cases assigned to health physicians	58
Postal card returns received		Calls made	122
Garbage collected from 1st District	82 bbls.	2nd District	106 bbls.
Garbage collected from		Garbage collected from 3rd District	105 bbls.

THE ALBANY GUILD FOR THE CARE OF THE SICK.

REPORT FOR MONTH OF NOVEMBER, 1917.

Number of new cases during month	115
Classified as follows:	
Dispensary patients receiving home care	11
District cases reported by health physicians	4
Charity cases reported by other physicians	13
Moderate income patients	39
Metropolitan patients	48
Old cases still under treatment	34
Total number of cases under nursing care during month	149

Classification of diseases for the new cases.

Medical	38	Skin	2
Surgical	9	Throat and Nose	0
Gynecological	5	Dental	0
Obstetrical under professional care		Infectious diseases in the medical list	7
Mothers	27	Infectious diseases in the surgical list	1
Infants	19		
Eye and Ear	7		

DISPOSITION.

Removed to hospitals	3	Discharged unimproved	24
Deaths	2	Number of patients still remaining under care	41
Discharged cured	53		
Discharged improved	26		

Special Obsetrical Department.

Number of obstetricians in charge of cases	2	Number of patients discharged	3
Number of students in attendance	2	Number of visits by Head Obstetrician	0
Number of nurses in attendance	1	Number of visits by the attending obstetrician	15
Number of patients carried over from last month	3	Number of visits by students	18
Number of new patients during month	2	Number of visits by nurses	25
		Total number of visits for this department	58

Visits of Nurses (*All departments*).

Number of visits with nursing treatment	694	Un.	335
For professional supervision of convalescents	335	Cases reported to the Guild by health physicians, and 47 other physicians:	3
Total number of visits	1029	Graduate nurses	4
P. P.	546	Certified nurses	4
Ch.	148	Pupil nurses	2 on duty.

Dispensary Report.

Number of clinics held	71	Total number of patients treated during month	644
Number of new patients	160		
Number of old patients	484		

Surgical	4	Lung	8
Nose and Throat	8	Dental	0
Eye and Ear	16	Nervous	3
Skin and G. U.	3	Stomach	3
Medical	9	Children	7
Prenatal	3	Gynecological	7

Report for Month of December, 1917.

Number of new cases during month		123
Classified as follows:		
Dispensary patients receiving home care	4	
District cases reported by health physicians	3	
Charity cases reported by other physicians	26	
Moderate income patients	56	
Metropolitan patients	34	
Old cases still under treatment	41	
Total number of cases under nursing care during month		164

Classification of diseases for the new cases.

Medical	25	Skin	1
Surgical	12	Throat and Nose	0
Gynecological	5	Dental	0
Obstetrical under professional care:		Infectious diseases in the medical list	9
Mothers	34	Infectious diseases in the surgical list	0
Infants	34		
Eye and Ear	3		

DISPOSITION.

Removed to hospitals	3	Discharged unimproved	12
Deaths	1	Number of patients still remaining under care	33
Discharged cured	80		
Discharged improved	35		

SPECIAL OBSTETRIC DEPARTMENT.

Number of obstetricians in charge of cases	2	Number of patients discharged	5
Number of students in attendance	3	Number of visits by Head Obstetrician	0
Number of nurses in attendance	2	Number of visits by the attending obstetrician	20
Number of patients carried over from last month	2	Number of visits by students	24
Number of new patients during month	5	Number of visits by nurses	38
		Total number of visits for this department	82

VISITS OF NURSES (*All departments*).

No. of visits with nursing treatment	830	Unac.	320
For professional supervision of convalescents	320	Cases reported to the Guild by 1 health physician, and 45 other physicians:	
Total number of visits	1150	Graduate nurses	4
P. P.	593	Certified nurses	4
Ch.	237	Pupil nurses	2 on duty.

DISPENSARY REPORT.

Number of clinics held	68	Total number of patients treated during month	465
Number of new patients	106		
Number of old patients	359		

Classification of clinics held.

Prenatal	5	Dental	0
Lung	0	Nervous	3
Surgical	9	Stomach	5
Nose and Throat	8	Children	7
Eye and Ear	14	Gynecological	7
Skin and G. U.	3		
Medical	7		

Signed, IDA T. CLEVELAND,
Acting Superintendent.

Medical News

Albany Guild for the Care of the Sick.—Department of Visiting Nursing.—Statistics for January, 1918.—Number of new cases, 201; classified as follows: Dispensary patients receiving home care, 20; district cases reported by health physicians, 1; charity cases reported by other physicians, 17; moderate income patients, 87; metropolitan patients, 63; social service, 29; old cases still under treatment, 35; total number of cases under nursing care during month, 234. Classification of diseases for the new cases: Medical, 48; surgical, 14; gynecological, 2; obstetrical under professional care, mothers 56, infants 39; social service, 25; eye and ear, 4; skin, 0; throat and nose, 3; dental, 0; infectious diseases in the medical list, 10; surgical list, 0. Disposition: Removed to hospitals, 2; number of social service patients discharged, 24; deaths, 6; discharged cured, 71; improved, 33; unimproved, 22; number of patients still remaining under care, 76.

Special Obstetrical Department.—Number of obstetricians in charge of cases, 1; students in attendance, 1; nurses in attendance, 3; patients carried over from last month, 2; new patients during month, 3; patients discharged, 5; visits by head obstetrician, 0; by attending obstetrician, 8; by students, 24; by nurses, 42; total number of visits for this department, 74.

Visits of Guild Nurses (all departments).—Number of visits with nursing treatment, 1,129; for professional supervision of convalescents, 403; total number of visits, 1,532; paid patients, 890; charity patients, 239; social service, 60; unrecorded, 343; number hours on conference, 63¼; at dispensary, 135; cases reported to the Guild by 1 health physician, and 65 other physicians; graduate nurses 4, certified nurses 5, pupil nurses 1 on duty.

Dispensary Report.—Number of clinics held, 77; new patients, 155; old patients, 456; total number of patients treated during month, 611. Classification of clinics held: Surgical, 11; nose and throat, 6; eye and ear, 13; skin and genito-urinary, 2; medical, 14; prenatal, 2; lung, 10; dental, 1; nervous, 4; stomach, 2; children, 8; gynecological, 4.

Albany Guild for Care of Sick.—During the third week in January an organized movement was made by the Guild to obtain subscriptions for meeting tht deficit for work of the past year. The campaign resulted in subscriptions totaling over $11,000 and plans are now being made to enlarge the work of the Guild in the direction of public health nursing so that in the homes of the poor organized work can be done for the prevention of sickness as well as for the care of the sick. The demands upon the Guild have become greater each year and this has been especially noticeable in the increase of calls incident to the war.

Medical Society of the County of Albany.—At the regular meeting, held February 1, 1918, the following named members of the Society were unanimously elected delegates to the State Medical Society: Dr. J. L. Bendell, Dr. Frederick Myers, and Dr. Arthur G. Root; alternates: Dr. Percival Harrig, Dr. E. W. Hannock, and Dr. Louis Le Brun.

The following committees were announced by President Lomax:

Legislation—Dr. A. C. Worth, Dr. Charles K. Winne and Dr. F. C. Curtis.

Publication—Dr. Lomax, Dr. J. Lewi Bendell and Dr. H. E. Mereness.

Public health—Dr. C. W. L. Hacker, Dr. Clinton P. McCord and Dr. Arthur Sautter.

Milk—Dr. C. W. L. Hacker, Dr. McCord, Dr. Sautter, Dr. Ellis Kellert, Dr. Harry Rulison and Dr. John F. Miller.

The public health committee was directed to investigate the reason for the present manner of distributing pneumonia antitoxin in Albany.

For the first time the new service flag of the society was shown at the meeting. There are now thirty-six members in military service as follows:

William D. Allen, Erastus Corning, Frederick Crounse, Albert M. Dickinson, Joseph Lewi Donhauser, Malcolm Douglas, Edwin L. Draper, Arthur W. Elting, Emanuel M. Freund, Nelson K. Fromm, Louis H. Gaus, Henry Gillen, L. Whittington Gorham, Phillip C. Hacker, Eugene E. Hinman, Clinton B. Hawn, John E. Heslin, Thomas M. Holmes, William P. Howard, Frank H. Hurst, Thomas W. Jenkins, Harry V. Judge, James M. Keeling, William G. Keens, Joseph A. Lanahan, H. Judson Lipes, Howard E. Lomax, Andrew MacFarlane, James E. Maloney, Clarence E. Mullens, Joseph P. O'Brien, George W. Papen, Jr., George B. Randall, Henry L. K. Shaw, John F. Southwell, James Vander Veer.

Dr. Nelson K. Fromm spoke on the tuberculosis work being done in the army cantonments and Dr. McCord explained heath work in Albany schools.

Base Hospital Unit, Number 33.—This hospital unit, which had its origin in the organization of the Albany Hospital, was mobilized in November at the Cavalry Armory on New Scotland avenue near the Albany Hospital. In this large drill shed are thousands of pounds of equipment. There are also three ambulances, four other automobiles, six fire extinguishers, power driven wood cutters, meat choppers, laundry machines, a fully equipped portable kitchen, two X-Ray outfits, a telephone system of forty different connections and all of the other requirements for a plant which is regarded as practically perfect and one of the best which has been organized in the United States. It is said that the equipment weighs 350,000 pounds and also the number of beds, 500, will be increased to 1,000 when the unit reaches Europe.

There are now 150 non-commissioned officers and privates who have been assigned to special duty and, in addition to this, 150 nurses have been enlisted and are subject to call.

The professional organization of the Base Hospital Unit is as follows: Commanding officer, Major Alleyne von Schrader; director, Major Arthur W. Elting, professor of surgery, Albany Medical College; adjutant, Captain Erastus Corning, M. D. (A. M. C. '07); registrar, Mr. Worthington Palmer, Albany.

Surgical Department—Major Arthur W. Elting, M. D.; Captain Charles G. McMullen, M. D. (A. M. C. '98), Schenectady; Captain J. Lewi Donhauser, M. D. (A. M. C. '07), Albany; Lieut. Edwin L. Draper, M. D., instructor in surgery, Albany Medical College; Captain John F. Southwell, M. D. (A. M. C. '10), Albany; Lieut. John L. Edwards, M. D. (A. M. C. '12), Hudson; Lieut. F. W. McSorley, M. D. (A. M. C. '09), Salem; Captain Rexwald Brown, M. D., Santa Barbara, Cal.; Captain W. P. Faust, M. D., Schenectady.

Medical department.—Captain L. W. Gorham, M. D., instructor in medicine, Albany Medical College, chief of division; Captain C. B. Hawn, M. D. (A. M. C. '06) Albany; Captain Malcolm Douglas, M. D. (A. M. C. '04) Albany; Lieutenant Jonathan M. Pearson, M. D., Schenectady; Lieutenant Harry S. Viets, M. D., Boston, Mass.; Lieutenant D. Glen Smith, Johns Hopkins Hospital, Baltimore, Md.; Lieutenant Clarence F. Graham, M. D., instructor in medicine, Albany Medical College.

Eye, ear, nose and throat division.—First Lieutenant M. H. Post, M. D.; Lieutenant R. M. Childers, M. D., Plainfield, N. J.

Laboratory Division.—Captain Harry C. Schmeisser, M. D., Baltimore; Captain F. M. Meader, M. D., special lecturer in public health, Albany Medical College; Lieutenant William P. Howard, M. D. (A. M. C. '14), Albany Medical College.

Dental Division.—Lieutenant A. H. Myers, Albany; Lieutenant M. E. Brown, Albany.

Medical Service of the Army and Navy.—Dr. Joseph N. B. Garlick (A. M. C. '04), retiring health officer of the city of Schenectady, has received his commission as First Lieutenant in the Navy and has been ordered to Norfolk, Va., for service in the Naval Reserve.

—Dr. James C. Sharkey (A. M. C. '96), has received his commission as Captain in the Second Field Hospital of the New York Guard and will be stationed in Albany on duty with the Local Exemption Board.

—Dr. Harry K. Tebbutt, Jr. (A. M. C. '16), of Albany, N. Y., has been commissioned as First Lieutenant in the U. S. Army and is on duty with the Sanitary Department stationed with the 106th Machine Gun Battalion at Camp Wadsworth, Spartanburg, S. C.

—Dr. Nelson K. Fromm (A. M. C. '08), who has been stationed on duty at Camp Custer, Battle Creek, Mich., as a member of the Army Medical Corps, has returned to Albany, by order of the War Department, to resume his lectures in the Albany Medical College.

—Dr. George W. Papen, Jr. (A. M. C. '05), ranking as Captain, is stationed at Spartanburg, S. C., preparatory to transfer to France. Dr. Papen was commissioned First Lieutenant, Medical Corps, National Guard, New York, on May 28, 1912 and assigned to 2nd Field Hospital. On May 28, 1915, he was commissioned Captain of the Medical Corps of the 2nd Field Hospital. He entered the Federal Service on June 19, 1916 and was stationed on the Mexican Border (McAllen, Texas) until December 21, 1916. Dr. Papen again entered the Federal Service on February 5, 1917, and was on duty at High Falls, until July 1st, 1917. He then entered the Medical Officers Training School at Fort Benjamin Harrison, Indiana, for three months, and from there joined his command, 2nd Field Hospital, at Spartanburg, S. C.

—Dr. Herbert Louis Gaus (A. M. C. '07), with commission as Major is on duty at Spartanburg, S. C., awaiting departure for France.

—Dr. Philip Conrad Hacker (A. M. C. '10), with commission as Captain is on duty at Spartanburg, S. C.

—Dr. John E. Heatly (A. M. C. '87), received his commission as Captain in the Ophthalmic branch of the Medical Officers Reserve Corps on July 26, 1917. He has not yet been assigned to active service.

—Dr. Osman F. Kinloch (A. M. C. '79), with rank of Captain, has been ordered home from Camp Upton with honorable discharge from the service.

—Dr. William T. Shields (A. M. C. '11), of Troy, N. Y., has been commissioned as Lieutenant and has been assigned to duty at the Base Hospital, Camp Custer, Battle Creek, Mich.

—Dr. Conrad A. Rissberger (A. M. C. '13), Albany, N. Y., with commission of lieutenant has been assigned to duty at Camp Taylor, Louisville, Ky.

—Dr. Andrew Mac Farlane (A. M. C. '87), with rank of Major, has been transferred from Fort Riley to Camp Sevier, Greenville, S. C.

—Dr. Clayton K. Haskell (A. M. C. '01), of Rochester, N. Y., with rank of Captain has been ordered for instruction in urology and dermatology to the Post Graduate Medical School, New York City.

—Dr. John D. Gulick (A. M. C. '12), of Schenectady, N. Y., with rank of Captain has been ordered for temporary duty from Fort Ethan Allen to San Antonio, Texas.

—Dr. Walter G. Fox (A. M. C. '11), of Fort Plain, N. Y., with rank of Lieutenant has been ordered to report for temporary duty at Washington, D. C.

—Dr. Floyd J. Atwell (A. M. C. '07), of Cooperstown, N. Y., with rank of First Lieutenant has been called into active service and to report for a course of instruction in the Army Medical School at Washington, D. C.

Personals.—Dr. Walter M. Clark (A. M. C. '96), has been appointed health officer of the city of Schenectady.

—Dr. Herbert O. Brust (A. M. C. '97), of Syracuse, N. Y., reports a "Case of Hydatidiform Mole of Pregnancy" in the *Crouse-Irving Bulletin* of December, 1917.

—Dr. D. D. Murray (A. M. C. '81), of Duluth, Minn., Surgeon of the St. Paul and Sault Ste. Marie Railway described the technique of "A New Operation for Hemorrhoids" in the *Railway Surgical Journal* of May, 1916.

Married.—Dr. Joseph H. Bowers (A. M. C. '12), and Miss Anna Loraine Ferguson were married in Albany, N. Y., on January 2, 1918. Dr. and Mrs. Bowers will reside at 232 Lark St., Albany, N. Y., where Dr. Bowers has opened an office for the practice of his profession.

—Dr. Frederick J. Garlick (A. M. C. '11), of Rochester, N. Y., and Miss Mary Edna Emrick were married in Albany, N. Y., on December 22, 1917. Dr. Garlick has been commissioned Lieutenant of the medical division of the Rochester Base Hospital Unit and after a short wedding journey Dr. Garlick returned to Rochester for duty. After graduation from the Albany Medical College, Dr. Garlick took a course in military surgery at the University of Pennsylvania, later going to Camp Lee, Petersburgh, Va., for training.

In Memoriam

Thomas Davidson Crothers, M. D.

Dr. Thomas D. Crothers, an eminent alumnus of the Albany Medical College of the class of 1865, died at his home in Hartford, Conn., January 13, 1918, of pneumonia. Dr. Crothers was born in Charlton, N. Y., in 1842 and received his preliminary education at the then famous Fort Edward Institute. After graduating from the Albany Medical College he began the practice of medicine at West Galway, N. Y., and in 1870 removed to Albany where for several years he was a clinical assistant attached to the Faculty of the College. In 1875 he was appointed assistant physician at the New York State Inebriate Asylum at Binghamton, N. Y. This was rather an experimental institution for the treatment and care of inebriety and after a few years the idea was abandoned and the buildings were turned over for the use of an institution for the insane which became the Binghamton State Hospital. Dr. Crothers, however, had become interested in this special topic and continued upon the line of work to which he was to devote his life. In 1878 he was appointed medical superintendent of the Walnut Lodge Hospital at Hartford, Conn., and from that time until his death devoted himself exclusively to the propaganda that inebriety is a disease. He has written numerous papers upon this subject and was the author of three textbooks on alcoholism and for many years was editor of the *American Journal of Inebriety*. His work attracted attention in both this country and in Europe and he became known for the persistence and skill and knowledge which he applied to

the study of drug and alcohol abuse. He held memberships both in America and Great Britain in associations devoted to the study and care of inebriety. He was much interested in his Alma Mater and in 1900 was president of the Alumni Association. His presidential address was a scholarly contribution to the literature of the Association and an able exposition of the relations of the Medical College to the profession in general in which he urged the expansion of the Medical College, the possible establishment of a post-graduate school, and the exploitation of the university feature. In 1915 Dr. Crothers returned to the college and gave sketches of the four surviving members of his class. His peroration and address to his brother Alumni in the address of 1901 may be repeated:

"The story of the traveler's experience and observation with its moralizing and counsel is finished. The oft-repeated discourse has come to an end. The fire burns low in the grate and through the heavy, drowsy atmosphere is heard the monotonous roar from the street, deepening the somnolent impression and calling for rest and change. The traveler gathers up his wraps and hat and with husky farewells disappears from the scene. Days and months will come and go ere another traveler will appear on this same hearthstone and discourse to another group of the alumni and another class of graduates. Thus the alumni procession will go on in an ever-widening and ascending march, and when the final reveille shall call us to another life, may the places which each one of us has occupied be filled with stronger men. May the watch-fires of medicine kindled on this mount long ago be ever kept burning, breaking up the mists and darkness and extending far down into the future."

Mr. Leslie E. McCuen made the following tribute to Dr. Crothers in behalf of the Medico Legal Society of New York City, of which Dr. Crothers was President at the time of his death:

"Before my association with this society, he was my friend and in honor to his memory I wish to quote from his last letter to me, written a few days before his death:

"'That is what we all need: more faith, more courage and more determination to get the best out of every day, no matter whether it is sunshine and shadow. I am struggling along with this idea and my ideals are nearer to-day than ever. They are sure to become realities with the march of events.'

"This was his creed and he lived it. His wonderful personality radiated warmth and good cheer wherever he went, and it has hung his portrait in the hall of my memory, where I shall see it often in the years to come. He was one of the most cheerful and optimistic of men, gentle, courteous, an adventurous, far-seeing, open-minded man, loving his friends, his family, and his books, and ever faithful to them. He possessed a mind stored with literary and scientific wealth—prolific, keen, original, serious in thought, careful in judgment and charitable in everything.

"I will not try to tell what he has accomplished, what services he has

rendered to the people generally of the land he loved, and how active and efficient has been his work in the many causes of humanity in which he has been interested. His hands and his heart were never more fully occupied with his various tasks than at the day of his death, and as an illustration of that fact, I need only to refer to the tireless effort he was making, like the pioneer he was, as the head of the Research Foundation of Hartford, to study the causes of the drink evil beyond the action of alcohol and the fascination of the saloon.

"Solomon sang of the man who 'diggeth a well.' The man who has made this world better for his having lived in it is a digger of wells: the well that the Psalmist had in mind was something accomplished for the cause of humanity. Doctor Thomas Davidson Crothers was truly a digger of wells, and he dug many of them and many a wretched and weary soul has been refreshed from them. He taught others how to dig and his wells will remain which will ever stand open to serve mankind as the years roll on. He did serve his day and generation and now he has passed beyond to a reward in a bigger, better world."

George A. Krug, M. D.

Dr. George A. Krug, one of the oldest and best known physicians of Utica, died at his home in that city, Tuesday morning, January 8, 1918, after a brief illness with pneumonia. Dr. Krug contracted a cold, which was not at first considered serious. However, his condition grew gradually worse and developed into pneumonia.

Dr. George A. Krug was considered one of the best physicians in Utica. He practiced there for thirty-five years, being the first physician to locate in East Utica, where he opened his first office. He was at one time connected with St. Elizabeth's Hospital and with St. Luke's Hospital.

Dr. Krug was born in Newark, N. J., August 25, 1852, the eldest son of the late Frederick A. and Matilda Krug. He lived there until he was seven years of age when the family moved to Ilion, where his father was connected with the painting and engraving department of the Remington Arms Company. In 1880 Dr. Krug attended the Albany Medical College and in 1883 graduated from that institution with the highest honors. Upon his return to Ilion he worked under Dr. Hamblin B. Mahon, also prominent as a physician of the first rank. He came to Utica several years later, where he began his practice in the eastern part of the city. He won no little distinction in his work there, for he was the first to locate in that section. He married in Albany Miss Emma Kreffer, who survives with one daughter, Gertrude M., who lives at home; and one son, George H. of Troy, now head of the mathematical department of the Troy High School; two nephews and one niece. In politics Dr. Krug was a republican. He was a member of the Imperial Council of the Royal Arcanum and also of Oriental Lodge, No. 242, F. & A. M., and the Masonic chapter. He was a member of Park Baptist Church, but

took no active part in the activities of the church. He was of a quiet and retiring disposition, preferring the quiet of his home to that of politics and social life.

He was a great lover of music, and took especial interest in the violin, an instrument which he mastered in his early life. He was at one time an instructor on the violin. He was the eldest of six children, and his passing to-day removes the last member of his family. His death is genuinely mourned by all who knew him, and is a loss to the city and the profession which he so well represented for nearly half a century.—From the *Utica Herald.*

Captain Frank Keator, M. R. C.

1879-1917.

The untimely death of Captain Frank Keator (A. M. C. '03), at his home, Kingston, N. Y., December 27, 1917, after a short illness of pneumonia has brought sadness to all our hearts. Captain Keator returned home on a ten days' furlough a few days before Christmas. He had a slight cold at the time which a little later developed into pneumonia. Though blessed with a sturdy physique, the disease made rapid progress and in spite of all that medical science could do, death claimed him at the early age of thirty eight years.

Captain Keator was a son of the late Dr. Thomas O. and Sarah J. Keator, and was born at Accord, N. Y., October 2, 1879. He was a graduate of old Kingston Academy and later of the Albany Medical College, class of 1903. He married Jessie Helen Laing of Albany, N. Y., in September, 1906.

Captain Keator was a member of the surgical staff of the Kingston City Hospital, and also surgeon for the Central New England, the New York Central and the Ontario and Western Railroads. He was prominently identified with several fraternal and civic organizations, being a member of Kingston Lodge No. 10, F. & A. M.; Mt. Horeb Chapter, R. A. M.; the Kingston and Twaalfskill Clubs; the Chamber of Commerce and Rotary Club; and the Young Men's Christian Association. He was an active member of the Fair Street Reformed Church.

Early last summer when the country's call for physicians came, Frank Keator was one of the first to respond. Ever a great lover of his home, it meant a great sacrifice to leave his wife and little daughter, Ruth, but to him his country was first. He enlisted in the Medical Reserve Corps, receiving the rank of captain and for a few months was stationed at Fort Benjamin Harrison, Indianapolis, Ind. Later he was ordered to Camp Devens, Ayer, Mass., and assumed command of Field Hospital No. 302, of the 301st Sanitary Train, 76th Division, National Army.

With the same zeal which had characterized his entire medical life, he entered upon his work at camp and numerous letters from the boys who were ill and under his care, tell of the Captain's untiring efforts

to relieve pain and suffering and to make everything as comfortable for them as could possibly be done. Working far into the night at the hospital and in going over a mass of detail work that devolved upon him, he undoubtedly suffered a lowering of vitality which made him more liable to contract the dread disease which has carried off so many of our splendid young manhood.

The Army has lost a most energetic and efficient officer; Kingston, a physician of marked ability.

Funeral services at which full military honors were rendered, were held at the Fair Street Reformed Church, Kingston, January 1, 1918.

E. Forrest Sibley.

Current Medical Literature

REVIEWS AND NOTICES OF BOOKS.

The Elements of the Science of Nutrition. By Graham Lusk, Ph. D., Sc. D., F. R. S., (Edin.), Professor of Physiology at Cornell Medical School New York. Third Edition. Reset. Octavo of 641 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1917. Cloth, $4.50 net.

No adequate impression of this important book can be given in a short review space. Dedicated to the memory of a great physiologist of another nation and generation, Carl von Voit, the work reveals in a striking way the accomplishments of a worthy pupil, who also became a master, and of a host of other American investigators to whom we owe much of our knowledge of nutrition.

The material is presented in the critical manner characteristic of the author. As he says in his preface, his aim has been "to review the scientific substratum upon which rests present-day knowledge of nutrition both in health and in disease. Throughout, no statement has been made without endeavoring to examine the evidence on which it is based."

This third edition of Prof. Lusk's work differs in no radical way from its two forerunners. An introductory chapter, in seventeen pages, gives the essential historical facts, and in a manner that compels interest. But, after all, as Laennec says, "nothing is more interesting about a science than the progress of that science itself." This fact is well demonstrated in this work on nutrition. This book is a record of progress, and one that will mark an epoch in the history of a special field in science.

Much new matter is to be found in this new edition, especially in the chapter on the nutritive value of various materials used as food, in which the author discusses the newly discovered substances known as 'vitamines,' more properly called 'food hormones,' most interesting and important bodies both from the physiological and medical point of view.

American science owes much to Graham Lusk, a debt that has been increased by this volume. The reviewer but voices a general regret in noting the statement by Dr. Lusk that he will attempt no further revision of his book. M. D.

The Internal Secretions. By E. GLEY, Professor of Physiology, College of France, Paris. Translated from the French by MAURICE FISHBERG, Clinical Professor of Medicine, New York University and Bellevue Hospital Medical College. Cloth, 241 pages. Paul B. Hoeber, New York, 1917.

In translating Prof. Gley's masterly little volume, "Les Secretions Internes," Dr. Fishberg has done a good service, especially for those to whom the French work may not be accessible. The busy doctor and the young student, who want a general knowledge of the physiology of the endocrine organs and their relation to disease, can find much satisfaction and pleasure in this little book, which can be read in a few hours. Prof. Gley's great experience in this field and his unbiased judgment make him eminently fitted to present this newest chapter in the physiology of glandular structures.

The book is written in an entirely different manner from that of the recent one of Sir Edward Schäfer ("The Endocrine Organs," 1916). The latter gives more in detail the experimental side of the subject, as recently developed. Gley discusses the field in a more critical way. Especially valuable is his historical treatment and the discussion of the interrelations of the various organs of internal secretion. The two books make good companion volumes, and should be read by those who have neither the time nor the energy to go through the larger works, such as those of Biedl and Swale Vincent.

One can find little to criticize in this volume by Gley and Fishberg. The reviewer is surprised to find no specific mention of the relation of the 'islets' to the internal secretion of the pancreas, though the author undoubtedly had them in mind in the somewhat inaccurate statement about the pancreas (p. 82). On p. 83, 'duodenum' should be substituted for 'pancreas' in the line 12. The attention paid to such an important discovery as the composition and artificial synthesis of epinephrin, or adrenalin, is quite too slight. There is no mention of the names of those who accomplished this feat; hence, our suggestion about other books.

Dr. Fishberg has caught the spirit of the original in a most satisfactory way, though the translation is liberal. The book is a valuable addition to the literature on internal secretions. M. D.

NEW YORK STATE MEDICAL LIBRARY

Edited by Miss Frances K. Ray.

Recent Accessions

Albee. F. H. Bone graft surgery. 1915.
Chatinière, Henri. Pour sa santé, ce qu'un poilu doit savoir, 1916.
Fauntleroy, A. M. Medico-military aspects of the European War. 1915.
Goepp, R. M. Medical state board questions and answers. 4th ed. 1917.
Great Britain. War office. Memoranda on some medical diseases in the Mediterranean war area. 1916.
Jackson, Chevalier. Peroral endoscopy and laryngeal surgery. 1915.
John Crerar library. Selected list of books on military medicine and surgery to Sept. 24, 1917.
Keen, W. W. Treatment of war wounds. 1917.
La Garde, L. A. Gunshot injuries; how they are inflicted, their complications and treatment. 2d ed. 1916.
Lewis, Thomas. Clinical disorders of the heart beat. 3d ed. 1916
Mathews, A. P. Physiological chemistry. 2d ed. 1916.
Morrow, A. S. The immediate care of the injured. 3d ed. 1917.
Pauli, Wolfgang. Physical chemistry in the service of medicine. 1907.
Plumon, Eugene. Vade-mecum medico-chirurgical français-anglais. 1917.
Ruhräh, John and Mayer, E. E. Poliomyelitis in all its aspects. 1917.
Sollmann, Torald. Laboratory guide in pharmacology. 1917.
—— —— Manual of pharmacology and its application to therapeutics and toxicology. 1917.
Stokes, J. H. The third great plague, a discussion of syphilis for everyday people. 1917.
Struthers, L. R. The school nurse. 1917.
Tournade, André. La pratique de l'hygiène en campagne. 1916.
Trimble, Henry. The tannins. 1892.
Wier, R. F. Personal reminiscences of the New York hospital, 1856-1900. 1917.
Williams, J. W. Obstetrics. 4th ed. 1917.
Winslow, C. E. A., Greenway, J. C. and Greenberg, David. Health survey of New Haven. 1917.
Worcester, Elwood. Religion and medicine. 1908.
Wright, W. G. Muscle training in treatment of infantile paralysis. Ed. 2. 1916.

VOL. XXXIX MARCH, 1918 No. 3

ALBANY MEDICAL ANNALS

Original Communications

ALBANY MEDICAL COLLEGE.

DIGEST OF THE REPORT OF THE DEAN FOR THE YEAR 1916-1917.

BY THOMAS ORDWAY, M. D.

To the Board of Trustees of the Albany Medical College, the Medical Department of Union University:

Gentlemen.—I have the honor to submit to you my report for the year ending May 31, 1917.

During the past year there have been very few changes in the personnel of the teaching staff and the methods of instruction. The work has, in general, been carried on in a manner similar to that described in the report of last year. The most important matters for consideration are those directly related to the present world war. At the request of the Surgeon General of the Navy, with the consent of the State Department of Education, Mr. Burchard Alfred Henry Winne and Mr. Chester Bruce Van Gaasbeek were graduated at a meeting of this board held May 4. They had had an average of over 85% during their entire medical school work and furnished certificates that they had entered military service of the United States.

A base hospital medical school unit has been organized in relation to the Albany Hospital. Dr. Arthur W. Elting, professor of surgery, is the director. The personnel of this unit, including both active and alternate members, will shortly be announced. For the formation of this base hospital unit the Governors of the Albany Hospital contributed $43,275, of which sum Dr. Elting had received $18,275. The balance, making a total of $112,000 was contributed by friends of Dr. Elting. The majority of

the personnel of the base hospital have been taken from the staffs of the Albany Hospital and Albany Medical College and a minor number from other hospitals in Albany and Schenectady. The absence of these men, if only temporary, will sorely embarrass the teaching in the medical school and the work of the civil hospitals. The number of medical men available for teaching in the medical school and caring for the sick in the civil hospitals is still further reduced by the fact that many members of the staff have joined the Medical Reserve Corps. The relation to and importance of medical schools to the War Department is seen by the following notice to medical and pre-medical students in the report of the Committee on Medical Schools of the Medical Board of the Council of National Defense:

> In the present national crisis a continuous supply of adequately trained medical officers is absolutely essential for the maintenance of armed forces in the field. It would be folly for the country to prepare for the immediate emergency alone—we must face the possibility of the war lasting for years. It is, therefore, the patriotic duty of all college students intending to study medicine to remain under instruction until the country can avail itself of their trained services.
>
> Medical schools are in a sense "munition works" necessary to produce trained medical officers for the Army and Navy. All medical students, must, therefore, in the interest of national safety continue their work until graduation. With the exception of such men as the Navy can utilize, all graduates are urged to secure a hospital training which the Surgeons-General of the Army and Navy consider essential for their arms of the Service.

Dr. Otto Alois Faust and Dr. John Luverne Hemstead are recommended as assistants in medicine. Miss Jean Tait, was appointed assistant in chemistry. It will, doubtless, be necessary to accept a few resignations and to grant, in certain instances, leave of absence to men entering military service. Further changes in the teaching staff, through resignation or appointment, will be indicated in the Announcement after conference with the Executive Committee of your Board.

Administration. A small ante room adjoining the main office has been fitted up as an executive office for the Secretary and stenographers. This has added greatly to the convenience and efficiency of administrative work by providing a small waiting

room and leaving the large room for the purpose of a private office, conferences and other meetings without interfering with the work of the executive staff. A telephone switchboard with five extensions to different parts of the building has greatly improved the telephone service and facilitates intercommunication.

General House and Property. Numerous repairs which were entirely unexpected have been made necessary owing to the age and wear and tear of the building. This relates particularly to repairs of leaks in the roof, plumbing, and repairs to the heating apparatus. A special executive office has been provided as above referred to. A small room on the first floor, formerly used as an embalming room, has been fitted up as a smoking room for the students and embalming work is now carried on in the basement. (See department of anatomy.)

Housekeeping. As stated last year, housekeeping in a building over a hundred years old naturally presents certain difficulties and because of this and the expense involved has been far from satisfactory.

Admission Requirements, and Advancement of Students. As noted in the report last year, after September 1, 1918, all Class A medical colleges will require two years of pre-medical work for admission. The Department of Education of the State of New York now prescribes the following requirements:

"Said year of college work must include three hour courses in physics, chemistry, and biology; and two of the three languages, English, German and French.

"Beginning with January 1, 1918, two years of college work will be required, to include the work mentioned in the previous paragraph."

This requirement will, therefore, apply to all medical schools in the State of New York. Whereas, this elevation of requirements will result, for the first year, in the temporary diminution of medical students, there is no doubt that the number will rapidly approach normal. It is probable that the first year this regulation is enforced, that is the session 1918-1919, there will be very few, if any, students applying for admission because of the fact that the pre-medical students who have completed one year will not,

at that time, be eligible for admission until they have completed the second of the required two years.

It is proposed to make certain changes in the advancement of students. This refers chiefly to grading the men as "passed," "failed," or "conditioned." A man who has "failed" must repeat the course. A man who is "conditioned" may be entitled to re-examination. It is also proposed to adopt the credit system for advancement of students, similar to that used at various other university medical schools, rather than to divide the subjects into major and minor subjects. The details of the credit system will be set forth in the annual Announcement, proofs of which will be submitted to the Executive Committee.

Special Departments. During the next year it is probable that there will be very few changes in the various departments of the medical school except those made necessary by the war, as above referred to. The head of each department and sub-department has prepared a statement which will be included in and supplement this report to your board.

The arrangement made with the State Department of Health by which Dr. Augustus B. Wadsworth, Director of the Division of Laboratories and Research, has assumed charge of the teaching of the course in Public Health in the Albany Medical College, has proved most satisfactory. The following lectures were given by members of the State Departments of Education, Health, Agriculture, Labor, the City Department of Health, the Albany Law School and others eminent in special public health work and related fields, in the course in Public Health to the fourth year students:

October 11.—"The Physician and Public Health." Dr. Linsly R. Williams, Deputy Commissioner, New York State Department of Health.

October 18.—"The Laboratory of the New York State Department of Health: Diagnosis of Communicable Diseases." Dr. A. B. Wadsworth, Director, Division of Laboratories and Research, New York State Department of Health.

October 25.—"Preparation of Antitoxins, Serums, and Vaccines." Dr. A. B. Wadsworth.

November 1.—"Purification of Public Water Supplies." Mr. Theodore Horton, C. E., Director, Division of Sanitary Engineering, New York State Department of Health.

November 8.—"Sewage Disposal." Mr. THEODORE HORTON, C. E.

November 15.—"Causes of Infant Mortality." Dr. HENRY L. K. SHAW, Director, Division of Child Hygiene, New York State Department of Health.

November 22.—"Methods of Prevention of Infant Mortality." Dr. HENRY L. K. SHAW.

November 24.—"The Exanthemata." Dr. MATTHIAS NICOLL, JR., Secretary, New York State Department of Health.

December 6.—"Value and Uses of Morbidity Reports." Dr. F. M. MEADER, Director, Division of Communicable Diseases, New York State Department of Health.

December 13.—"The Detection and Treatment of Carriers of Disease." Dr. F. M. MEADER.

December 20.—"The Relation of Sanitary Engineering to Public Health." Professor H. N. OGDEN, C. E., Professor Sanitary Engineering, Cornell University.

January 10.—"Fundamental Principles Underlying National Food Law and State Law." Mr. GEORGE L. FLANDERS, Counsel, New York State Department of Agriculture.

January 17.—"The Preservation of a Soldier's Health Under Conditions of Active Campaign." Captain ARTHUR N. TASKER, Medical Department, United States Army.

February 7.—"Public Health and Libraries." Mr. JAMES I. WYER, JR., Director, New York State Library.

February 14.—"The Epidemiology of Bacillary Dysentery." Dr. WILSON G. SMILLIE, The Rockefeller Institute for Medical Research.

February 21.—"Garbage Disposal." Mr. THEODORE HORTON, C. E.

February 28.—"The Principles of Sanitary Plumbing and Drainage of Buildings." Mr. C. A. HOLMQUIST, Division of Sanitary Engineering, New York State Department of Health.

March 7.—"The Cancer Question." Dr. FRANCIS C. WOOD, Director, Cancer Research, Columbia University; Pathologist, St. Luke's Hospital, New York City.

March 14.—"The Administration of Antitoxin." Dr. WM. H. PARK, Director, Research Laboratory, Department of Health, New York City.

March 21.—"The Influence of a Defect and Sexual Disease upon the Public Welfare." Mr. ROBERT W. HILL, Superintendent, State and Alien Poor, New York State Board of Charities.

March 28.—"Health Administration, Nuisances, and Communicable Diseases." Dr. ARTHUR SAUTTER, Health Officer, City of Albany.

April 4.—"Anaphylaxis Against Bacterial Proteins." Dr. HANS ZINSSER, Professor of Bacteriology, College of Physicians and Surgeons, Columbia University.

April 18.—"The Disinfection of Water." Mr. G. E. WILLCOMB, Chemist, Bureau of Water, Albany.

April 25.—"Hygiene and Good Cheer." Hon. Alden Chester, Justice of the Supreme Court.

May 2.—"Vital Statistics." Dr. Wm. H. Guilfoy, Registrar of Records, Department of Health, City of New York.

May 9.—"The Study of Epidemics in the Field." Dr. John Smith, Sanitary Supervisor, New York State Department of Health.

May 16.—"Color, Light and Shade, in Illuminating Engineering." Mr. S. L. E. Rose, General Electric Co. Laboratories, Schenectady, N. Y.

General Plan of Instruction. The general plan of instruction has been carried out as during the past year and it has proved, on the whole, extremely satisfactory.

Vander Veer Gift. Dr. Albert Vander Veer has presented to the College the museum specimens described by him as follows:

What I would like to have preserved and brought to the office (Dr. Vander Veer's) are the specimens of vesical calculi, renal, and otherwise, such as gall-bladder stones, etc. There are two or three wet specimens of tumors of the bladder I would like preserved. Also a half-dozen specimens of small kidney—wet preparations—if in a state of preservation.

Then to leave (at the A. M. C.) the Bock models, also illustrations of skin lesions, such as were framed, and known as the Sydenham and Hutchinson prints, but do not think these are in a very good state of preservation.

Then there are two skeletons, also a preparation of the arterial system, and one or two skeletons of the nervous system, quite a collection of skulls, and some other lesser specimens of operations to be left (at the A. M. C.). The latter, that is the wet preparations, may not be in a condition worth saving.

Research. It is very gratifying to report that in the short time since reorganization the departments of anatomy, chemistry, and physiology have so far secured the confidence of those in charge of special funds for research that the departments of anatomy, physiology, and chemistry have been granted for special research the sums requested, namely, anatomy, $125.00; physiology, $75.00; chemistry, $125.00, from the Trustees of the Elizabeth Thompson Science Fund for the year 1917.

An investigation important for the future of the Albany Medical College and medical institutions in this community was made possible this spring through the interest of one of our trustees, Mr. James C. Farrell. At the meeting of the Faculty of the Albany Medical College held on January 14, the itinerary of a trip

was planned for Mr. Farrell and Dr. L. W. Gorham to visit the leading hospitals and medical schools of certain universities and to meet the physicians and surgeons in charge. The aim was to make a general survey of these institutions and on their return to aid the Faculty of the Albany Medical College in formulating plans for the new college building in connection with the changes now being made in the Albany Medical College and the Albany Hospital. Mr. Farrell paid the entire expenses of this investigation and also provided funds for defraying the extra expenses incident to carrying on the work of the medical school usually conducted by Dr. Gorham. The observations as a result of this investigation were embodied in letters sent to the Dean and in a report which Mr. Farrell will make to your Board.

Library. The Medical College owes its sincere thanks to Mr. Wyer and his assistant, Miss Ray, for the great help which they have given not only by the general cooperative attitude of the State Library but in the actual instruction given to medical students with particular reference to the sources of medical literature.

Anatomy. The work in the department of anatomy was continued as during the previous year. Dr. McCorkle, after completing the teaching in the courses in histology and embryology resigned in order to enter the Medical Department of the University of Chicago. His position has not yet been filled.

Teaching in histology and embryology was carried on, as during last year, by Dr. McCorkle with the occasional assistance of Dr. Jenkins. The preceding spring and summer had enabled us to add to the collection of our histological and embryological preparations. The teaching has, consequently, improved to that extent.

The second year students have expressed a desire that the sixty-four hours devoted to the study of the lower extremity be concentrated in one month rather than scattered through the four months of the term. I urge this change.

The research work in progress is now being carried on by the head of the department at the research laboratory of the General Electric Company, and consists in the general problem of the sensitization of animal tissues to x-rays by means of various chemical substances. I have to report considerable progress upon this problem.

I would further suggest that the course in the gross anatomy on the

cerebro-spinal axis be transferred to the supervision of the department of neurology.

Physiology. During last summer and the first half year the large chemical lecture room was entirely refitted as a laboratory for practical laboratory work in physiology and pharmacology. Small rooms adjacent to it on the south have been constructed and utilized as an office and private laboratory for the professor of physiology and his assistant. These changes have been a great aid in placing the course in physiology on the proper basis. The great detail and the physical principles involved in the study of physiology render this course particularly difficult for first year students who cannot, at this time, appreciate the clinical importance of such detailed work. It is believed to be very important that the pre-medical courses in biology include some of the general physical and physiological principles involved in the study of physiology so that the work of the first year in the medical school might be more easily comprehended. Following is Dr. Gruber's report for the year:

During the academic year of 1916-1917 physiology and pharmacology were taught by the Department of Physiology and Biological Chemistry.

During the summer vacation the old lecture room on the first floor was reconstructed and converted into a large general laboratory for students and three small rooms, an office and two private laboratories. Eighteen tables with drop lights from the ceiling were installed in the large laboratory. One table was placed in each of the smaller rooms. These changes and the purchase of more apparatus made it possible to give much more satisfactory courses in physiology and in pharmacology than those given at the Bender Laboratory last year.

During the year the following papers were published:

1. The Response of the Vasomotor Mechanism to Different Rates of Stimuli.
2. Reflex Respiratory Changes in the Concomitant Threshold Stimuli.
3. (With Dr. W. B. Cannon) Oscillatory Variations in the Contractions of Rhythmically Stimulated Muscle.

Another manuscript, Further Studies on the Effect of Adrenalin upon Muscular Fatigue, is now in the hands of the printer.

Two additional researches, (1) Changes in Nerve and Muscles after Death as Affected by Adrenalin; and (2) The Limb Circulation as Affected by Adrenalin and Increased and Decreased Blood Pressure, are nearing completion, the results of which will probably be published during the summer.

Biological Chemistry. During the past year a large hood has been constructed, and special apparatus provided for the more recent clinical methods of the examination of the urine and blood. An ingenious apparatus has been devised and manufactured by Dr. Clarence F. Graham of the department of medicine for the carrying away of sulphuric acid fumes. A description of this apparatus will form the subject of a brief paper by Dr. Graham. The work in biological chemistry, chiefly in organic chemistry, has been very difficult for the students to grasp. This is due largely to the short space of time which can be devoted to it in the medical school because of the great development of the other branch of biological chemistry known as physiological chemistry. After September 1918, as above stated, the State Department of Education require, and the American Medical Association recommend, two years' pre-medical work. When this is accomplished the organic chemistry should be taken up and completed in the colleges before the student enters the medical school. This will allow more time for the study of physiological chemistry so that the difficulties besetting students this year should be largely obviated. Dr. Knudson's report follows:

The courses in Biological Chemistry have been given this year the same as last year. The great objection to the courses, as now given, is that the amount of time is too short for the students to obtain a thorough understanding of the subjects.

As you know, in 1918 we shall require two years of college work for entrance and with the increased requirement we should require the students to have a course in Organic Chemistry. This would relieve the work in Biological Chemistry so that the time given now to the two courses, Organic and Physiological Chemistry, could be utilized for a brief preliminary review of Organic Chemistry and Physiological Chemistry.

It does not seem advisable at present to make any changes in the time for the courses of Biological Chemistry, as it would upset the curriculum and after next year, with Organic Chemistry required for entrance, it would automatically adjust itself.

During the year an arrangement was made with the Albany Hospital whereby the assistant to the professor of biological chemistry would devote certain hours to work in the chemical laboratory of the hospital. By the arrangement, both the hospital and the department are greatly benefited. In February 1917, Miss Jean Tait was selected for this position.

Miss Tait received her A. B. from Smith College in June 1916, and has specialized in chemistry so that she is well equipped to handle the work.

A few words in regard to the course in Pharmacology. This has been given as last year with division of the work between Dr. Gruber, Mr. Larkin, and myself. In order to improve the course there should be someone in charge of it who could continue the work in the third year in Therapeutics, thereby emphasizing the value of the experimental pharmacology.

The research done during the past year has been along the study of the metabolism of lipoids with special reference to the rôle of cholesterol and cholesterol esters in lipoid metabolism. Research is also being conducted on the study of experimental lipaemia. The researches along both of these lines will be continued with the aid of a fund ($125.00) from the Trustees of the Elizabeth Thompson Science Fund.

The publications during the past year are:

"The Separate Determination of Cholesterol and Cholesterol Esters in Small Amounts of Blood," W. R. Bloor and Arthur Knudson, *Jour. of Biol. Chem.*, 1916, xxvii, 107.

"Cholesterol and Cholesterol Esters in Human Blood," W. R. Bloor and Arthur Knudson, *ibid*, 1916, xxiv, 7.

"A Metabolism Study of a Case of Leukemia During Radium Treatment." Arthur Knudson and Theodore Erdos, *Boston Medical and Surgical Journal*, 1917, clxxvi, No. 14. 503.

Pathology. A majority of the Faculty believe that for the good of the Albany Medical College and the Bender Laboratory certain changes are desirable. It is believed that the pathological work could be better done by combining the teaching and research at the Albany Medical College with the routine pathology of the Albany Hospital.

It is proposed to have *three* men:

(1) *A professor of pathology* in the Albany Medical College who should supervise all the pathological work (except in public health);

(2) *A city pathologist or bacteriologist* who should have immediate charge of and responsibility for the city health work and who might also be assistant professor of pathology in the Albany Medical College;

(3) *A resident pathologist* at the Albany Hospital who should be responsible to the professor of pathology and who should be an instructor in pathology in the Albany Medical College.

Such a general arrangement should permit each man properly

to develop efficient work in his respective field. It is believed that it is fundamentally important to the Albany Medical College, particularly at this time, to secure for the professor of pathology a man of experience and reputation so that this department may have high standing among the best medical schools and thus aid directly in securing for the Albany Medical College adequate financial support which is urgently needed.

Clinical Departments. The teaching in all the clinical branches should be markedly improved when the number of students is reduced in the third and fourth year classes. It is also important to have clinical teachers more closely supervise all the clinical work of the students at the dispensaries and in the wards, during the entire time devoted to section work. As the Albany Hospital is the main teaching hospital, it is deemed very desirable to have two residents instead of a single resident. As the Governors of the Albany Hospital have decided to have an assistant superintendent, when a well trained man is available, it is hoped that this change can be made within a short time. The combined salaries of the two residents should not be more that that now given to the single resident. Dr. Gordinier describes the work at the Samaritan Hospital as follows:

Enclosed is my report of the work accomplished in the Samaritan Hospital and at the College. The Medical Clinics devoted to the instruction of the fourth year class began the last week of September 1916, and continued until May 1917.

The course has been conducted in the manner outlined in my report of last year. The method there described was worked out this year very satisfactorily, not only in regard to the students but the hospital authorities and the patients.

The cases have been examined in a detailed and painstaking manner and have been thoroughly discussed at the Clinics held Tuesdays and Fridays from 3:00 to 5:00 P. M. At the Clinic the students read before the class the result of their examination and discussed the diagnosis, prognosis and treatment. The paper is then opened for general discussion by the members of the class and must be defended by the student presenting it. The cases are then taken as a text for the Clinical lectures where they are reviewed from every standpoint of interest and benefit to the students.

We have had an abundance of good clinical material and have been able to demonstrate during the year rather more than 200 medical cases,

including most of the diseases commonly met with in practice, as well as a number of rare and interesting cases.

The students have followed the cases in the ward where they have had the opportunity of re-examining them and watching their progress. When post mortems have been done the material, both in the gross and microscopic has been presented. Much attention has been devoted in outlining for each case presented a practical line of treatment.

I would like to recommend that the practical use of instruments of precision in the study of Ophthalmology, Laryngology, etc., be taught to the Third year students rather than is now done to the Fourth year men. I believe they would profit more at the medical and neurological clinics if this experience was at hand early in their fourth year.

I would like to emphasize the importance of giving our men more experience in observing contagious diseases and diseases of the skin. It may be of interest to state that entree for teaching purposes of the material at the Lakeview Tubercular Sanitarium and the Rensselaer County Hospital has been offered, although I have had no occasion to have recourse to that material.

In closing I would state that we have equipped a cardiac station at the Samaritan, also a Chemical Laboratory and we hope to have an experienced man, trained in physiological chemistry.

I have given one lecture each week during the year to the members of the third year class on the subject of diseases of the heart and ductless glands.

In preparation, soon to be ready for publication: —

(1) The value of digitalis in the treatment of auricular fibrillation with the report of three cases of cardiac arrythmia occurring during the course of acute infectious diseases.

(2) The study of a case of left sided hemihypertrophy.

(3) The report of a case of myxoedema with post mortem findings.

(4) The report of three unusual cases of thoracic aneurysm and one of mediastinal tumor.

Physical Diagnosis. The course in physical diagnosis has been conducted under some difficulties owing to the absence of Dr. Gorham on his trip of investigation with Mr. Farrell, above referred to. Dr. Hawn's report follows.

In reply to your letter of May 16, in regard to the work accomplished in the department of physical diagnosis, I would say that during the school year of 1916 and 1917 my department has done double duty in conducting a course in physical diagnosis for both third and second years. This condition was brought about by the gradual rearrangement of schedule covering a period of two years, and from now on the course in physical diagnosis will be given in the second year followed by dispensary section work in the third years as outlined in an accompanying statement

which you request for the announcement of 1917 and 1918. Fortunately both the second and third year class have been relatively small ones and we have not been hampered for material in these courses. I intend that the instruction of the second year class in 1918 will be much the same as that of the present second year class has been. The third year dispensary work, I hope to see improved.

I should like to see the course in surgical technic given by Dr. Draper separated from the dispensary work and if possible, given intensively early in the third year, perhaps in conjunction with a review of physical diagnosis, thus making it possible for the third year class as a whole to start dispensary work about November 1, and continue the same with no breaks for the entire school year.

During the school year the following research problems have been taken up and are now in progress of completion; Dr. Fromm, "Treatment of Cardiac Irregularities:" Dr. Graham, "The Clinical Laboratory;" Dr. Hawn, "Complications of Lobar Pneumonia;" Dr. Winne, "A report of the 1916 epidemic of Infantile Paralysis in Albany."

Pediatrics. The course in pediatrics has been conducted very much as in the year 1915-1916. Owing to Dr. Shaw's position in the State Department of Health, and more recently, his appointment as major in the Medical Reserve Corps it was hoped to reorganize the department of pediatrics by the appointment of a so-called full time clinical teacher as active head of this department and that this man would devote his entire time to the teaching and to care of patients in the dispensaries and should supervise the work at the Elliot-Austin Home, St. Margaret's House and the Child's Hospital in addition to conducting and supervising research in this field. It is probable that this plan must be abandoned temporarily owing to the difficulties of financing it.

Mental Diseases. The course in mental diseases has been conducted as during the session 1915-1916. Next year, owing to the small size of the class, it will not be necessary to divide the class into sections. Therefore, each student may devote more time to the study of mental conditions.

Clinical Pathology. The course in clinical pathology was given to both second and third year students. Dr. Clarence F. Graham had charge of the work of the second year students which was given in the new laboratory of clinical pathology at the Albany Hospital. I would here make mention of the fact that during the past year the Governors of the Albany Hospital

have provided facilities and equipment for an excellent routine laboratory in clinical pathology including receiving room for specimens, a room for the routine clinical pathology of the medical and surgical services, a stock room, a room for physical and physiological apparatus utilized in special clinical examinations, an office where adequate records are kept, a laboratory room for special clinical pathological procedures, such as the examination of urine and stools for typhoid bacilli, and a large chemical room. As mentioned in the report of Dr. Knudson the routine chemical procedures are carried out by Miss Jean Tait who devotes a portion of her time to the hospital. I would particularly emphasize the organization of this laboratory. The plan of reorganization was prepared by the entire medical service and Dr. C. F. Graham, representative of the medical staff, was designated director of clinical laboratories. Dr. Graham, personally, drew all the plans for the laboratory in the upper floor of the former nurses' home and attended to the details of supervising the construction, ordering the equipment, and personally making many technical devices of the utmost convenience in the clinical pathological laboratory. One of these devices has already been referred to and others will be published in short articles by Dr. Graham in the ALBANY MEDICAL ANNALS and *The Modern Hospital.* Following is Dr. Gorham's report:

In answer to your request for a statement indicating the work accomplished by the department of clinical pathology during the session of 1916-1917, I beg to submit the following:

The routine instruction of the third year in clinical laboratory diagnosis has been carried on regularly at the Medical School on Friday afternoons. During the second half of the year Dr. Graham has had charge of the instruction of the second year class in the same subject, covering one-half of the regular work. The teaching has been done in the clinical laboratory at the Albany Hospital. I have been relieved of much of the routine technical preparation for the course by the assistance of Miss Hayes and Miss Brickner, both of whom have taken the regular work of the third year clinical pathology course. Miss Clissold, the nurse in charge of the Albany Hospital laboratory has also been a member of the class. She has been of much assistance to Dr. Graham in the teaching of the second year men.

In the future it seems desirable to concentrate the teaching of clinical

pathology in the latter half of the second year and to centralize this work, if possible, at the Albany Hospital where the material for teaching is easy of access.

A paper on Acute Myelogenous Leukemia appeared in the ALBANY MEDICAL ANNALS for May, 1917.

Public Health. The work in public health, as above mentioned, has been carried out this year by Dr. Augustus B. Wadsworth, Director of the Division of Laboratories and Research of the State Department of Health, and his assistant, Dr. John H. Hamilton. This work has been extremely satisfactory and it is believed that it will be much more effective if it can be transferred to the fourth year. At this time the students will have had considerable clinical work and will more readily appreciate the opportunities and obligations in the broad field of public health. During the next year it is hoped that it will be possible, because of the demands made by the war, to devote considerable portion of this course to the study of military phases of sanitation, organization, hygiene and special military surgery. Such a course has already been outlined by the Government and it was the intention of the War Department to station an Army officer to supervise certain portions of this course. If it is possible to arrange such a course it might be given not only to the medical students in the fourth year but also offer to physicians generally, as a special graduate course.

Surgery. The students have had an unusually thorough course in surgery. This has necessitated great sacrifice and unusual exertion on the part of Dr. Elting, whose report follows:

In reply to your communication of recent date, requesting a brief statement as to the work accomplished in my department during the past year, I would say that on the whole I think the general character of the teaching in the surgical department has been very satisfactory. It was necessary, at the beginning of the year, to make certain changes in connection with the teaching of surgery in the third year, due to the absence of Dr. Donhauser. The course in surgical pathology was placed under the direction of Dr. Beilby who, with the assistance of Dr. Southwell, has conducted a very satisfactory course, but we anticipate it will be materially improved during the coming year. Dr. Donhauser has devoted his principal attention to the course in surgical diagnosis and clinical teaching of the third year class at the surgical dispensary of the Albany Hospital. Dr. Draper has conducted a very satisfactory course on surgi-

can technique and minor surgery for the third year class and has also held one recitation a week in surgery during the entire year for the fourth year class. Dr. Stein has assisted me in the bedside teaching and in the conduct of the clinics at St. Peter's Hospital and the Albany Hospital and has conducted one recitation in surgery a week for the third year class. Dr. J. B. Harvie and Dr. P.L. Harvie conducted clinical instruction in surgery at the Samaritan Hospital during the entire year. Until the first of January, 1917, the clinical instruction for the fourth year class was had at both St. Peter's Hospital and the Albany Hospital under my personal supervision. Owing to certain changes at St. Peter's Hospital it was necessary to concentrate all of the clinical teaching of the fourth year class at the Albany Hospital, after the first of January. This was a trifle difficult because of the size of the class, but the difficulties were overcome and with very ample material the men were provided with a great variety of clinical cases. Two clinics in surgery a week were conducted during the year by myself. These were in the main at the Albany Hospital. In the early part of the year some of them were at St. Peter's and latterly some at the Child's Hospital.

An especial effort has been made to provide the men in the fourth year class with the maximum of practical and personal instruction in the essential features of surgical diagnosis and post-operative treatment. A great many so-called border line cases have been presented to them, with an effort at the demonstration of the medical as well as the surgical possibilities of the case. The students have had ample opportunity to observe at very close range, in small groups, a large number of, and a great variety of, operations. All of these operations were conducted in the main as demonstrations so that the students were provided with an intimate, personal knowledge of the entire course of the different types of surgical cases, first, study and demonstration of the case before operation in the wards: then, close observation of the entire conduct of the operation and, finally, study and further observation of the entire post-operative course of the case. In order to accomplish this it has been necessary for the professor of surgery to spend a very considerable portion of each forenoon, six days in the week, teaching.

The immediate reorganization of both the South End and the Albany Hospital dispensaries, with a view to increased efficiency both from the standpoint of the patient and the student, is urgently needed. In addition to this it will be necessary in the very near future to provide more trained clinical assistants for the teaching of surgery, both in the dispensaries and in the wards and it is hoped that it will soon be possible to pay these men a small amount each year in order that they will be systematic in their work and induced to give proper attention to the teaching allotted to them.

Unfortunately the numerous duties and responsibilities attendant upon the conduct of the course in surgery, with a comparatively small force,

has prevented the carrying on of any research studies of any particular moment. It is to be hoped, however, that in the near future, with an increased force and an increased hospital and medical school efficiency, it will be possible for the department of surgery to make substantial contributions to the literature of surgery.

Surgical Pathology. Following is Dr. Beilby's report of the work in the department of surgical pathology:

Instruction in surgical pathology was given in the third year for three hours a week throughout the entire session. One hour each week was devoted to lectures.

In the first half of the year the other two hours were given up to a practical study and demonstration of the care and healing of wounds and of the processes of degeneration and regeneration and to the study of microscopic sections of wounds in various stages of healing. In addition to this there were gross and microscopic demonstrations of museum specimens and of fresh material from the surgical clinics.

During the last half of the year students were required at each exercise to make written descriptions, gross and microscopic, of one or more fresh specimens. Here the clinical symptoms were correlated and the course given as practical an application as possible.

Surgical Technic and Minor Surgery. Following is Dr. Draper's report:

In reply to your letter asking for a report of work done in the College during the past year by me and also for suggestions of changes for the next year I would present the following:

In the fourth year a recitation has been held once each week throughout the year.

In the third year there was given a lecture once each week throughout the first half year in the course known as Surgical Technic. Each section of the class was given practical instruction in the application of bandages and each man performed certain operations on the cadaver. In this latter work each section had about twelve two-hour exercises.

The lecture course in Surgical Technic was repeated the second half year for the second year class, following the plan of transferring this work from the third to the second year.

I would make the following suggestion for next year: After consulting with Dr. Hawn it would seem wise to separate the section work in the third year from the dispensary work, these in the past having been run coordinately. This is due to small size of the class, and also because I believe the students will have a better understanding of the operative work upon the cadaver after they have had a certain amount of clinical work. Therefore, I would like to have the section work done during the middle or latter part of the second half year when it could be given in an intensive manner which would not deprive the students of any time

spent upon this subject. This arrangement, Dr. Hawn assures me, can be worked out satisfactorily as far as the schedule is concerned.

Aside from this slight change I believe the work might well be continued as during the past year.

Orthopedics and Roentgenology. Dr. Berry's report follows:

The work of the departments of Orthopedics and Roentgenology was carried out as scheduled in the announcement and in general proved very satisfactory. I believe, however, that the work can be improved for the coming year.

For next year the course has been systematized and condensed and a good proportion of the lectures will be clinical in character.

The course in Roentgenology of one hour a week to the third year class, the class meeting as a whole Tuesday afternoon, proved satisfactory.

I would also suggest that the orthopedic cases in the Albany Hospital be assigned to men in the general surgical section. Under the arrangement last year there was no way of obtaining student assistants for the orthopedic cases.

Genito-Urinary Surgery. Following is Dr. Vander Veer's report:

During the year we have met all the students in their third year classes save on one lecture day, and have given them the usual thorough and complete course didactically which we hope they will take up in their clinical courses next year.

The fourth year men have been taught by Dr. Heslin on each of the clinic days in the Albany Hospital.

Suggestions for future improvement consist mostly in the rearrangement of the rooms in the Outpatient Department at the Albany Hospital according to plans which I have submitted to Dr. Goodwin, the Superintendent of the hospital.

Ophthalmology and Otology. Dr. Bedell's report follows:

In answer to your letter regarding recommendations and suggestions for my Eye and Ear department of the College will say first, we have held sixty clinics and demonstrated to the students a thousand cases so that the senior men have had the advantage of seeing all of the commoner and many of the rarer diseases in both departments.

Several conditions seen in our daily work, as yet poorly understood, are under consideration and will doubtless, this summer form a part of intensive studies.

During the year, I have presented a paper on "Foreign Bodies in the Eye" before the Medical Society of the County of Albany. This paper was illustrated by original photographs of operations some of which were performed on a cadaver at the college. At the June meeting of the *American Medical Association* to be held in New York on the 5th, I am to read a paper on "Oxycephaly" and report three cases.

Laryngology and Rhinology. Dr. Theisen's report follows:

The work in the department of diseases of the nose and throat during the session of 1916-1917, has been on the whole very satisfactory. The practical section work, dividing the fourth year class into sections of four men, is the ideal way to teach this specialty. We have had plenty of material as my clinic at St. Peter's Hospital has been established for twenty years.

I have no further suggestions to offer at this time. I have published a paper on the "Treatment of Maxillary Sinus Disease," *New York State Journal of Medicine,* February, 1917.

Nurology. Dr. Archambault's report follows:

In reply to your communication of May 16 asking for a report on the year's work in the department of Neurology, I will state

(1) That the work has been carried on in strict accordance with the provisions set forth in the Announcement. Didactic lectures on Diseases of the Brain have been delivered regularly every Monday morning and a series of 25 neurological clinics has been conducted Thursday afternoons. The attendance has been satisfactory and the reports of cases have been generally good. Dr. Fromm has been very faithful in conducting the recitations each week.

(2) Suggestions for future improvement are difficult to satisfactorily present in a report of this kind and while many minor ameliorations are desirable there is just now no urgent need to consider.

(3) My personal researches in the course of the last year have concerned (a) the pathologic history of Poliomyelitis, (b) the congenital anomalies of the brain, stem and cerebellum, a difficult and lengthy study not yet completed. The following papers have been prepared:

The Haematogenous Invasion of the Cerebro-Spinal Axis in Poliomyelitis. Albany Medical Annals, 1917, No. 1.

A further contribution on the same subject is to be presented before the Section on Nervous and Mental Diseases at the next meeting of the A. M. A., New York City, June 8, 1917.

The Symptomatology of Certain Infectious Diseases Involving the Ciliary Ganglion or its Connections. This paper is to be read at the Boston meeting of the American Neurological Association, May 21-23, 1917.

Gynecology. Dr. Sampson's report follows:

The teaching in the third year class was confined to the one hour a week study in gynecology, as in the past. In the fourth year I have continued this same work for one hour a week. In addition clinics have been held twice a week for sections in the South-End Dispensary. I have utilized some of the material which has been available at the Albany Hospital.

The only publication which I have made during the year is "The Variation of the Blood Supply of the Ovary and Possible Operable Improve-

ment." This was read before the *American Gynecological Society* in May 1916, and appeared in *Surgery, Gynecology and Obstetrics* for March, this year.

Obstetrics. Dr. Harper's report is as follows:

(1) The work of the year was new in one important respect. Through the courtesy of its President, members of the senior class were permitted to serve as "temporary internes" at the Anthony N. Brady Maternity Home. Twenty-nine have been accommodated for services of from one to two weeks. Students serving the longer period (and they constitute the majority) witnessed an average of fourteen cases of labor. The facilities for observation of cases ante- and post-partum were abundant. The instruction may be characterized as intensive and was given under the immediate supervision of the Resident Obstetrcian.

Students not assigned to the Brady Maternity Home were designated for service in the Special Obstetric Department of the Guild for the Care of the Sick. A considerable proportion of this available material is lost to the student because of inability to locate him at the time his attendance is required. For the coming year it is planned that service in this department shall follow residence at the Brady, when its value will increase.

(2) The proposed plan of instruction for the Session 1917-1918 may be summarized as follows:

Second Year—Recitations, two a week, second half of year; Dr. Holt.

Third Year—Lectures, once a week, throughout the year, Dr. Harper.

Fourth Year—Conferences, one a week, *first half of year;* Dr. Harper. Residence at the Anthony N. Brady Maternity Home, two weeks. Out-patient Service in Guild for Care of Sick.

(3) Suggestions for the future.

It is imperative that our out-patient material be utilized to the fullest extent. The case not attended by the student is lost not only to him but also to the college since the attending obstetrician is reimbursed.

It seems reasonable to require that the student be on consant telephone call while on the guild service and that failure to respond be counted against him. Nothing would fix the responsibility for efficient hospital and (especially) guild service in the mind of the student as firmly as the knowledge of the relatively great weight placed upon his clinical work.

The helpful suggestions and constructive criticisms of the members of the teaching staff are apparent in the reports above noted and in concluding this report of the Albany Medical College for the year 1916-1917 I would express my sincere appreciation to the members of the teaching staff and to the Board of Trustees for their active cooperation and support.

Correspondence

LETTERS FROM THE WAR

(Lieut. Lawrence J. Early (A. M. C. '15), of the Medical Reserve Corps, sailed for England in the Autumn. The first impressions of his military service are given in the following communication.)

Dear Doctor Ordway:—

After an uneventful but interesting voyage we disembarked at (censored). The next morning we started for London. Here while we were being placed, we had four days to look about the city and we had a very interesting time. I accidentally ran across Callahan (A. M. C. '14), who I thought was in a camp at home. Our being together made things happier for me.

After being in London we were shifted here. The change from London to this place was quite a shock. Gradually I have accustomed myself to a rustic existence and it's consoling to think that we are much more comfortable than we would be in the trenches.

This hospital is a central hospital of 900 beds and has auxiliary hospitals which are convalescent, containing 2,500 beds. Patients are kept here until they are able to be up and about and are then sent to auxiliary. They are returned here and disposed of, either boarded out of army, reclassified, or returned to unit. Connected with this machinery is a tremendous amount of bookkeeping of all kinds.

I have charge of 100 medical beds. Among the cases are trench fever, nephritis, heart cases, myalgia, rheumatic fever, p. u. o's., *i.e.*, Pyrexia of unknown origin. Some of these are interesting and baffling. There are also occasional cases of pneumonia, dyspepsia, cerebro-spinal meningitis. I have seen scabies and scabies and more scabies. Gas poisoning cases are common.

Our diagnosis must conform to a list used at Guy's Hospital. This list is based on clinical and pathological conditions. Each diagnosis has a number, *e.g.*, P. U. O.—34; nephritis—651; bronchitis—404; appendicitis—1054 (c). It has the advantage of standardizing diagnosis but the disadvantage of being cumbersome. It's foolish to remember a lot of numbers. It does not eliminate indefinite diagnoses: headache, constipation, and diarrhoea are all in the list and are duly numbered. It is impossible

for me to give an opinion on the work done here. I cannot afford to talk because there is too much room for improvement in my own. With 100 beds, the laboratory and clerical work I have more than I can do and do well.

We have occasional bits of excitement. Recently a flying corps cadet crashed in his machine on the hospital grounds. The machine turned over and pinned him underneath but he was only slightly injured.

With best wishes for a successful year, I am

Sincerely,

L. J. Early.

(Captain F. H. Hurst (A. M. C. '95), of Guilderland Center, commissioned lieutenant in the medical officers' reserve corps in April and who has been attached to the British army since July, receiving his commission as captain in September, has seen active service in many of the great drives by the British and French armies. In his letter, Captain Hurst said he was using a cracker box as a desk and had only a tallow candle to give illumination in his dugout.

The letter is dated February 6.)

"Since the day I was in your office, there has been a notable change in my life—from the peaceful comfortable life of a practitioner of medicine at Guilderland Center to the crude existence which we call army life at the front, as a medical officer in the British cavalry.

"I volunteered in the officers' reserve corps in Albany, in December, 1916, and was commissioned first lieutenant in April, 1917. I was ordered into active service June 6, and was stationed at Washington, until I was detailed to duty in Europe, sailing from New York July 2. In London I was attached to the British Army and ordered to join the Fourth cavalry in France. Since reaching France I have served in every capacity, as medical officer both in the field and with the cavalry dismounted, in the trenches.

"In September I received my promotion and was transferred to the Sealkote field ambulance with which I served until December 13, last, in the great cavalry drives at Cambrai and other places of which you must have heard so much. I have since been transferred to the Lucknow casualty clearing station, just back

of the firing line. The clearing station is a field hospital of 600 beds to which the wounded are brought in field ambulances. Those who require operations are operated upon. When they are sufficiently strong to take the journey, the wounded men are evacuated by ambulance train to base hospitals in the back area.

"This is the most comfortable post which I have held since my arrival in France, for while we are a mobile hospital, in theory, the size of it alone precludes our frequent change of location."

Editorial

> His barber's shop projected its long and mysterious pole into Fleet Street, painted party-coloured-wise, to represent the ribbons with which, in elder times, that ensign was garnished. In the windows were seen rows of teeth displayed upon strings like rosaries; cups with a red rag at the bottom, to resemble blood—an intimation that patients might be bled, cupped, or blistered, with the assistance of 'sufficient advice;' while the more profitable, but less honorable, operations upon the hair of the head and beard were briefly and gravely announced. Within was the well-worn leather chair for customers, the guitar, then called a ghittern or cittern, with which a customer might amuse himself till his predecessor was dismissed from under Benjamin's hands, and which, therefore, often flayed the ears of the patient metaphorically, while his chin sustained from the razor literal scarification. All, therefore, in this department spoke the chirurgeon-barber, or the barber-chirurgeon.
>
> *The Fortunes of Nigel.* SIR WALTER SCOTT

✢ ✢ ✢

The Pathological Department of the Albany Hospital.

Closer correlation of pathological with clinical work has been felt for some years to be the great need of the Albany Hospital, and numerous spasmodic efforts have been made without success to develop this scientific feature of hospital work. The visiting staff have been eager to conduct a pathological department but voluntary service by men whose interests are clinical has not proved effective, and with the reorganization of the college course it became apparent that some definite policy

should be adopted. On the invitation of the Governors of the hospital and Trustees of the college, Dr. W. C. Winternitz, Professor of Pathology at Yale, has visited Albany and has made valuable suggestions for the utilization of available resources. The occupation of the new nurses' home at the hospital had left vacant the large three-story building formerly used for nurses, and Dr. Winternitz approved the adaptation of this unit of the original hospital group pending the construction of a separate building. Dr. Winternitz's plan contemplated an arrangement for routine research and for teaching. During the autumn this has been in part carried out, and the third story is in active use, and provides a series of well lighted, commodious and convenient rooms. A large lecture room has been furnished on the first floor, adjoining the electrocardiograph plant.

Dr. Winternitz summarizes the duties of this department as follows "A Department of Bacteriology and Pathology has a threefold function; it must care for the bacteriology and pathology of the hospital and offer facilities for the physicians of the hospital to increase their knowledge in these subjects; it must be the teaching department of the medical school; and, finally, and this is most important, it must be a productive laboratory where the facilities for investigation are as attractive as possible. This latter phase, namely the creative work is essential, and necessitates a more complex organization and a much larger budget."

Incidentally Dr. Winternitz revealed the favorable impression he received of the present condition of the administration of the institution in the following flattering comment: "The splendid spirit of the men I met there will, in my opinion, be the determining factor in making a strong school of medicine in a community where such an institution is unquestionably needed. When you showed me the hospital, I felt that if the medical school was comparable in organization and facilities very little more could be required."

The combined hospital-college organization has been fortunate in securing the services of Dr. George Sellers Graham as head of this department. Dr. Graham received his preliminary education in the County schools of New Jersey and the Everett (Massachusetts) High School. He graduated from Dartmouth College



THE ROSE BLATNER BARNET LABORATORY

in 1902 with the degree of B. L. and took his A. M. in 1913. He graduated from the Dartmouth Medical School in 1905. He was Pathological Interne in the Boston City Hospital from 1905 to 1906; Instructor in Bacteriology and Histology, Dartmouth Medical School from 1906 to 1910; Assistant Professor of Pathology (Dartmouth) from 1910 to 1913; Professor of Pathology, Graduate School of Medicine, University of Alabama in 1913 and 1914; First Assistant in Pathology, Boston City Hospital in 1914 and 1915; Second Assistant Pathologist and acting Chief of Laboratory, Boston City Hospital, 1915 and 1916; and Pathologist, Vancouver (B. C.) General Hospital, 1916 and 1917.

Under Dr. Graham's direction the work of the department has grown with marvellous rapidity, and in the first half of the year its numerous functions have been coordinated. A large room across the north end of the building has been constructed and furnished by Messrs. William and Henry Barnet in memory of their mother and has been designated "Rose Blatner Barnet Laboratory." This laboratory has been completely equipped for teaching bacteriology, pathology and clinical pathology and chemistry. Instruction is given in these branches to nurses of the training school of the hospital and medical students.

There are available on each desk, gas, electricity and hot and cold water. At the ends of each desk lockers are conveniently arranged for the microscopes and certain supplies. One corner of the room is arranged with a hood and shelves for digestion, distillation and titration apparatus.

Adjacent to the large class room is the stock room for supplies for teaching; also leading from the class room is the private laboratory for the head of the department. A room adjoining this has been arranged for the resident pathologist.

The large room on the first floor, formerly a dormitory for nurses, has been fitted up as a lecture and class room. Here the medical clinics are held. This room is conveniently located opposite the electrocardiograph room. Arrangements have been made so that patients may be brought from the wards on stretchers for electrocardiographic study and clinical demonstration.

Public Health

Edited by Arthur Sautter, M. D.

Department of Public Safety, Bureau of Health, Albany, N. Y.

Bureau of Vital Statistics.

Compiled by William F. Fullgraff, Registrar.

Deaths for Month of January, 1918.

Consumption	22	Broncho-pneumonia	5
Typhoid fever	0	Bright's Disease	16
Scarlet fever	0	Apoplexy	11
Measles	0	Cancer	16
Whooping cough	1	Accidents and violence	14
Grippe	2	Deaths under one year	19
Diarrheal diseases	3	Deaths over 70 years	47
Diphtheria and croup	0	Death rate	20.33
Pneumonia	16	Death rate less non-residents	18.51

Deaths in Institutions.

	Non-res.	Res.		Non-res.	Res.
Albany Hospital	8	15	Maternity Hospital	0	5
Albany Hospital Camp	1	2	Old Ladies' Home	0	1
St. Peter's Hospital	1	8	Home for the Aged	0	1
Homeopathic Hospital	1	12	Hospital for Incurables	0	1
County Hospital	1	3	Public Places	1	0
Childs Hospital	1	0			
St. Margaret's House	1	0		15	48

Births	201	Still births	6

Division of Communicable Disease.

Typhoid fever	7	Tuberculosis	35
Scarlet fever	4	Epidemic cerebro - spinal meningitis	1
Diphtheria and croup	8	Mumps	39
Chickenpox	39	Puerperal septicaemia	1
Smallpox	0		
Measles	33		
Whooping-cough	49	Total	216

Number of days quarantine for scarlet fever:
Longest..... 31 Shortest..... 31 Average..... 31
Number of days quarantine for diphtheria:
Longest..... 26 Shortest..... 10 Average..... 16
Fumigations: Rooms..... 240 Houses..... 44
Milk bottles disinfected..... 188

Communicable Disease in Relation to Schools.

	Reported D.	M.
Public School No. 5	1	..
Public School No. 18	..	1
Public School No. 20	1	..
Vincentian Institute	2	..
Cathedral School	..	1

NURSES' REPORT.

Tuberculosis

Living cases on record January 1, 1918		811
Cases reported:		
By card	32	
Dead cases by certificate	3	
		35
		846
Dead cases previously reported	19	
Dead cases not previously reported	3	
Removed	6	
Died out of town	3	
		31
Living cases on record Feb. 1, 1918		815
Cases committed to Albany Tuberculosis Camp by court		1
Total tuberculosis death certificates		22
Non-resident deaths:		
Albany Hospital Camp	2	
Homeopathic Hospital	1	
Child's Hospital	1	
		4
Resident deaths		18

Visits to Cases of Communicable Disease.

Tuberculosis	33	Visits to physicians	1
Miscellaneous	9		

LABORATORY REPORT.

Initial positive	7	No growth	16
Initial negative	239		
Release positive	20	Total	351
Release negative	69		

Sputum for Tuberculosis.

Positive	50	Negative	134
		Total	184

Widals.

Positive	3	Unsatisfactory	3
Negative	17		
Suspicious	2	Total	25

Wassermann tests	100	Pathological examinations	5
Milk analyses	110	Miscellaneous	7

DIVISION OF SANITATION.

Complaints made	53	Reinspections	51
Inspections	51	Plumbing	41
Plumbing	41	Sanitary	10
Sanitary	10		

HEARINGS.

Hearings	1	Cases heard	1

Class of Cases.

Plumbing	1

Disposition of Cases.

Reinspection	1

DIVISION OF PLUMBING, DRAINAGE AND VENTILATION.

Inspections	47	Houses tested	5
Old houses	36	Blue or red	1
New houses	11	Peppermint	3
Permits issued	30	Water test	1
Plumbing	29	Houses examined	53
Building	1	Re-examined	157
Plans submitted	5	Valid	44
Old buildings	4	Without cause	9
New buildings	1		

REPORT OF REMOVAL OF DEAD ANIMALS.

Horses removed	30	Cats removed	162
Dogs removed	185		

DIVISION OF MARKETS AND MILK.

Public market inspections...	21	Lactometer readings	38
Market inspections	78	Temperature readings	38
Fish market inspections.....	5	Fat tests	106
Packing house inspections..	1	Sediment tests	48
Rendering plant inspections.	1	Chemical tests	18
Slaughter house inspections.	1	Bacterial counts	73
Milk depots inspected.....	12	Cows examined, post-mortem	3
Stores inspected	84	Beef condemned .....(lbs.)	50
Cans inspected	472	Complaints investigated	3

MISCELLANEOUS.

Cards posted for communicable disease	8	from doctors	15
Cards removed	15	Inspections and reinspections	36
Notices served on schools..	216	Employment certificates issued to children	29
Notices served on factories and stores	9	Vaccinations	24
Postal card returns sent to doctors	12	Cases assigned to health physicians	109
Postal card returns received		Calls made	190
Garbage collected from first district .....(bbls.)	133	ond district .....(bbls.)	149
Garbage collected from sec-		Garbage collected from third district .....(bbls.)	233

Medical News

A COURSE OF LECTURES IN PUBLIC HEALTH AND PREVENTIVE MEDICINE.—The Albany Medical College offers a course of lectures in public health and related subjects. This course has been made possible by the cooperation of representatives of other universities, of officials of the State Department of Health, and of the City Departments of Health of New York City, Rochester and Albany.

All the lectures are open to the public without charge; they will be held Wednesday afternoons at five o'clock at the Albany Hospital unless otherwise indicated.

This series of lectures is given in conjunction with a practical course in preventive medicine which is offered in the second semester to fourth year medical students, and to any health officers and physicians who wish to attend.

The courses in preventive medicine are given under the direction of Dr. Augustus B. Wadsworth, Director of the Laboratories of the State Department of Health. Any requests for information concerning them should be sent to 278 Yates Street, Albany, N. Y.

February 13—Purification of Public Water Supplies. Mr. Theodore

Horton, C. E., Director, Division of Sanitary Engineering, New York State Department of Health.

February 20—Sewage Disposal. Mr. Theodore Horton, C. E.

February 27—Professor Graham Lusk, of Cornell University Medical College, was scheduled to lecture on "The Food Requirements of Man," but was sent abroad to represent the federal food administration.

March 6—Garbage Disposal. Mr. Theodore Horton, C. E.

March 13—The Administration of Antitoxin. Dr. Wm. H. Park, Director, Research Laboratory, Department of Health, New York City.

March 20—The Principles of Sanitary Plumbing and Drainage of Buildings. Mr. C. A. Holmquist, Division of Sanitary Engineering, New York State Department of Health.

March 27—Epidemiology in Carriers. Dr. Edward Godfrey, Jr., Epidemiologist, New York State Department of Health.

*April 3—The Venereal Diseases in Public Health. Dr. G. W. Goler, Health Officer, City of Rochester, N. Y.

*April 10—Cancer. Dr. James Ewing, Professor of Pathology, Cornell University Medical College.

April 17—The Exanthemata. Dr. Matthias Nicoll, Jr., Deputy Commissioner, New York State Department of Health.

April 24—Morbidity Reports and Vital Statistics. Dr. Wm. H. Guilfoy, Registrar of Records, Department of Health, New York City.

May 1—War Laboratories. Dr. Jos. S. Lawrence, Bacteriologist-Pathologist, Division of Laboratories and Research, New York State Department of Health.

*May 8—Infant Mortality. Dr. John Lovett Morse, Professor of Pediatrics, Harvard Medical School.

May 15—The Disinfection of Water. Mr. G. E. Willcomb, Chemist, Bureau of Water, Albany.

May 22—City Health Administration, Nuisances, and Communicable Diseases. Dr. Arthur Sautter, Health Officer, City of Albany, N. Y.

May 29—Problems of Public Health and Preventive Medicine. Dr. A. B. Wadsworth, Director, Division of Laboratories and Research, New York State Department of Health.

Medical Society of the County of Albany.—The Regular Monthly Meeting of the Medical Society of the County of Albany was held at the Albany County Court House, Thursday, February 28, 1918, at 8:30 P. M. Dr. J. B. Congdon presented the paper of the evening on "Gonorrhea in the Female."

Medical Service of the Army and Navy.—Dr. Walter C. Fox (A. M. C. '11), of Fort Plain, N. Y., has received his commission as first

*These lectures will be held in Chancellor's hall in the State Education Building.

lieutenant in the Medical Reserve Corps and is on duty at the Army Medical School, Washington, D. C.

—Dr. Alson J. Hull (A. M. C. '13), of Williamstown, Mass., is in charge of a field hospital behind the allied lines somewhere in France. Dr. Hull was one of the first American surgeons to be sent abroad after the entrance of the United States into the war.

—Dr. J. Leonard Byrnes (A. M. C. '13), of Hudson Falls, N. Y., has been commissioned as first lieutenant in the Medical Reserve Corps and has been assigned for duty at Camp Oglethorpe, Ga.

—Dr. Frederick Crounse (A. M. C. '90), of Albany, N. Y., has received his commission as captain in the Medical Corps of the regular army and is on duty at Camp Devens, Ayer, Mass.

—Dr. Frederick J. Cox (A. M. C. '92) of Albany, N. Y., has received his commission as major in the Medical Reserve Corps and is in charge of the hospital at Yaphank, L. I., N. Y.

—Dr. Clarence E. Mullens (A. M. C. '12), of Albany, N. Y., has been commissioned as first lieutenant in the Medical Reserve Corps and is stationed at Camp Logan, Fort Houston, Texas.

—Dr. John H. Robbins (A. M. C. '17), of Rensselaer, N. Y., has received his commission as first lieutenant in the Navy and is on duty with the Naval Hospital at Brooklyn, N. Y.

Wounded.—Dr. Thomas M. Holmes (A. M. C. '09), who is a first lieutenant in the Medical Reserve Corps and has been chief surgeon of the 142d American Field Ambulance was reported as "slightly wounded" on February 23, 1918, in the official returns made by General Pershing in charge of the American Expeditionary Forces in France.

Personal.—Dr. Walter G. Murphy (A. M. C. '90), of Hartford, Conn., has sailed for France to engage in work for destitute children under the auspices of the American Red Cross. Dr. Murphy has attained success as a specialist in diseases of children to which he has given his attention since his graduation. He perfected himself by study abroad in London and Edinburgh and founded the Babies' Hospital in Hartford.

Current Medical Literature

REVIEWS AND NOTICES OF BOOKS.

Quiz-Compends—Physiology. By A. P. Brubaker, M. D., Professor of Physiology and Medical Jurisprudence, Jefferson Medical College, Philadelphia. Cloth, 259 pages. Fourteenth Edition. P. Blakiston's Son & Co., 1917, Philadelphia.

The appearance in 1917 of the fourteenth edition of Dr. Brubaker's little book would seem to indicate that it had enjoyed a considerable popularity. There is little that need be said by way of criticism of

this compend. It has the unavoidable fault of all such brief presentations of big subjects, namely, the omission of much important matter. However, many of the newer facts are included, and the choice of the subject matter is on the whole good. Exception could be taken to certain statements which are rather too general, as, for instance, some of the author's remarks about the nucleus, muscle tonus, the nerve supply of the heart, the relation of functional activity to destructive changes in protoplasm.

Disregarding the obvious limitations of compends, one can say that this one is a good one. It can probably be of service to a certain type of medical student, the kind we are loth to admit to our medical schools, and whom we usually find it advisable to discourage early in his course. M. D.

Practical Materia Medica and Prescription Writing, with Illustrations. By Oscar W. Bethea, M. D., Ph. G., F. C. S. Second revised edition, 1917, 8°, 562 pages. F. A. Davis Company, Philadelphia.

The author states in the preface that the second edition has been revised to bring the book up to date, especially with reference to the pharmacopeial changes. Part one covers an alphabetical list of all official and some few unofficial drugs giving their chief physical characteristics, incompatibilities and therapeutic action. In the case of the more commonly used drugs the best methods of administering them are given along with typical illustrations of their combinations in prescriptions. In part two the author presents in a concise and clear form what he considers the most approved methods of prescription writing. He lays emphasis upon the fact that prescription writing is an art sadly neglected by many physicians and that prescribing should be the acme of perfection as it is the only written evidence of the physician's ability. Throughout the methods of prescription writing the author has inserted numerous illustrations. Part three consists of fifty prescriptions to illustrate the common errors of prescription writing. Along with the incorrect prescription the correct prescription is written just as it should be given to the pharmacist. An appendix is added consisting of problems and exercises which are met with in the practice of medicine. There are two indexes, a clinical and a general. The book should be very helpful as a book of reference to both the student and the busy practitioner especially the parts covering the methods of prescription writing and the correct and incorrect forms of prescriptions. A. K.

The Prescription: Therapeutically, Pharmaceutically, Grammatically and Historically Considered. By Otto A. Wall, Ph. G., M. D. Fourth and revised edition, 1917, 274 pages. C. V. Mosby Company, Philadelphia.

The author has aimed to make the book fairly exhaustive of the subject and has succeeded as he has discussed the subject from a number of aspects. He has divided the book into chapters entitled respectively, "General Considerations," "Weights and Measures," "Language," "Extemporaneous Prescriptions," and "History of Prescriptions" with an appendix on the origin of the sign "R." The book is well written, contains an abundance of information which is both instructive and interesting, and should make a valuable reference book for both the pharmacist and the physician. A. K.

Materia Medica and Therapeutics, Including Pharmacy and Pharmacology. By Reynolds Webb Wilcox, M.A., M.D., LL.D., D.C.L. Ninth edition revised in accordance with U. S. Pharmacopoeia, ix, with Index of Symptoms and Diseases. 860 pages. Philadelphia, P. Blakiston's Sons & Co., 1917. Price, $3.50 net.

This well known book on materia medica and therapeutics by Dr. R. W. Wilcox has been thoroughly revised and the section devoted to pharmacy and materia medica has been re-written according to the new edition of the United States Pharmacopeia. The volume has been kept small by inserting numerous cross references and a very complete index adds to the convenience of this volume. This book is so well known and commonly used that no detailed review of this ninth edition is deemed necessary. T. O.

Diseases of the Chest and the Principles of Physical Diagnosis. By George W. Norris, M.D., Assistant Professor of Medicine in the University of Pennsylvania, and Henry R. M. Landis, M.D., Assistant Professor of Medicine in the University of Pennsylvania, with a chapter on the Electrocardiograph in Heart Disease, By Edward B. Krumbharr, Ph.D., M.D., Assistant Professor of Research Medicine in the University of Pennsylvania. Octavo volume of 782 pages with 413 illustrations. Philadelphia and London: W. B. Saunders Company, 1917. Cloth $7.00 net. Half Morocco, $8.50 net.

This book on diseases of the chest and the principles of physical diagnosis has certain unusual features, the most important of which are the excellent and large number of illustrations, notably those of frozen sections of the chest in various diseases. These sections in frontal, sagittal,

and transverse planes are of unusual value in correlating the underlying pathological conditions and the physical signs to which they give rise. Particular attention has been paid to the subject of diagnostic acoustics. In consideration of diseases of the circulatory system an excellent chapter has been added by Dr. E. B. Krumbharr. This book is heartily recommended to medical students, practitioners, and also to those who are making a specialty of diseases of the heart and lungs. T. O.

Acute Poliomyelitis. By GEORGE DRAPER, M.D., Associate in Medicine, College of Physicians and Surgeons, Columbia University, Associate Attending Physician, Presbyterian Hospital, New York City. With a Foreword by SIMON FLEXNER. With Nineteen Illustrations. Philadelphia, P. Blakiston's Sons & Co. Cloth, $1.50 net. 149 pages.

This small book by Dr. Draper is based upon observations made by him while in the service of the Rockefeller Hospital and also during the recent epidemic of poliomyelitis in New York City. The book deals with the subject as a whole, various chapters being devoted to the history, etiology, epidemiology, experimental disease, pathology, types of the disease, symptoms, prognosis and treatment. Dr. Draper lays emphasis on the fact that poliomyelitis is a general infectious disease and that paralysis is but an accidental and incidental occurrence. In this book the reader may obtain, in convenient and brief form, both the more recent results of laboratory investigation and the application of these to clinical work. Many abstracted case histories are given which serve to give the reader intimate knowledge of the study and prognosis of individual cases. As stated by Dr. Simon Flexner in the foreword Dr. Draper's book is a timely contribution on the subject of this infectious disease and should be of interest and value to physicians. T. O.

A Handbook of Practical Treatment by Many Writers, edited by JOHN H. MUSSER, JR., B.S., M.D., and THOMAS C. KELLY, A.M., M.D. Volume 4, Philadelphia and London, W. B. Saunders Co., 1917.

The purpose of this volume is to supplement the other three volumes of the series, particularly emphasizing the newer methods of treatment which have been employed since the publication of the other volumes. The idea of keeping the series abreast of modern methods of treatment in this supplementary volume is excellent but the presence of the names Musser and Kelly on the binding and on the title page is somewhat misleading for both of the original authors of the series have died and this volume is edited by other men having, however, the same surnames. There are many excellent contributions to therapy by eminent writers from various parts of this country and the continent. The quality of the papers varies greatly. The book is recommended as particularly valuable to the owners of the first three volumes of this series.

NEW YORK STATE MEDICAL LIBRARY

Edited by Frances K. Ray.

Recent Accessions.

Bowditch, V. V. Life and correspondence of Henry Ingersoll Bowditch. 2v. 1902.

Bundy, E. R. Surgical nursing in war. 1917.

Carman & Miller. Roentgen diagnosis of diseases of the alimentary canal. 1917.

Ford, J. H. Elements of field hygiene and sanitation. 1917.

Guilbert & Maucurier. Guide de rééducation physique en groupe; méthode de gymnastique rééducative pour les blessés militaires. 1916.

National league of nursing education. Proceedings of 23d convention. 1917.

Park & Williams. Pathogenic microörganisms. 6th ed. 1917.

Robert Koch society for the study of tuberculosis, Chicago. Sundry lectures on the medical phases of tuberculosis, delivered before the Society . . . from February, 1913, to April, 1916.

Royal society of medicine. Origin, symptoms, pathology, treatment and prophylaxis of toxic jaundice observed in munition workers . . . 1917.

Soutter, Robert. Technique of operations on the bones, joints, muscles and tendons. 1917.

Stitt, E. R. Practical bacteriology, blood work and animal parasitology. 4th ed. 1916.

Sturmer, J. W. Course in pharmaceutical and chemical arithmetic. 3d ed. 1913.

Vachez, H. Le livre du brancardier.

Wiggers, C. J. Modern aspects of the circulation in health and disease. 1915.

American ophthalmological society. Transactions, 53d session, 1917.

New York Conference on hospital social service. v. 4, 1917.

New Current Subscriptions.

Bulletin of the Chicago tuberculosis institute.

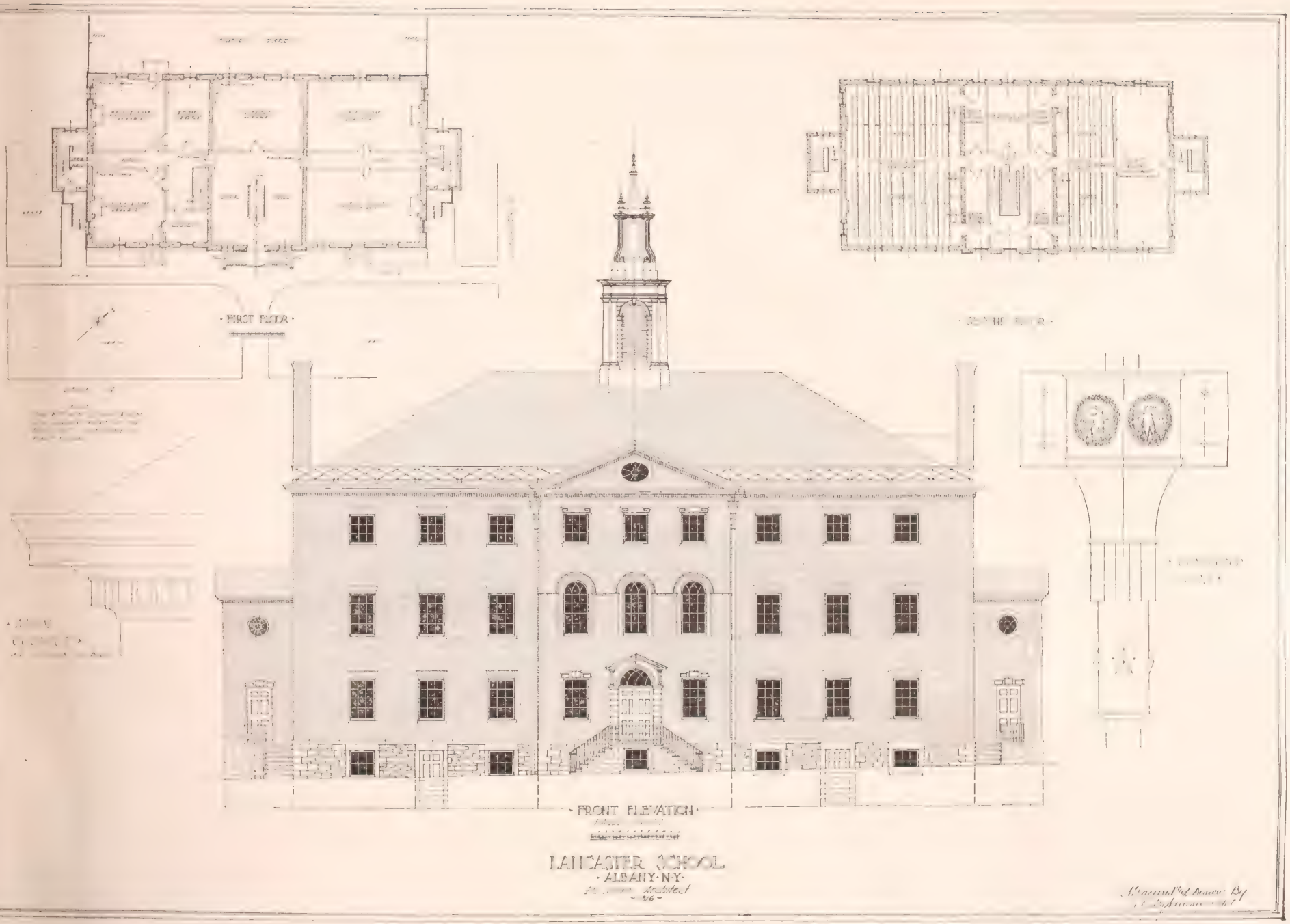
Bulletin of the Massachusetts commission on mental diseases.

Journal of cancer research.

Medical clinics of North America.

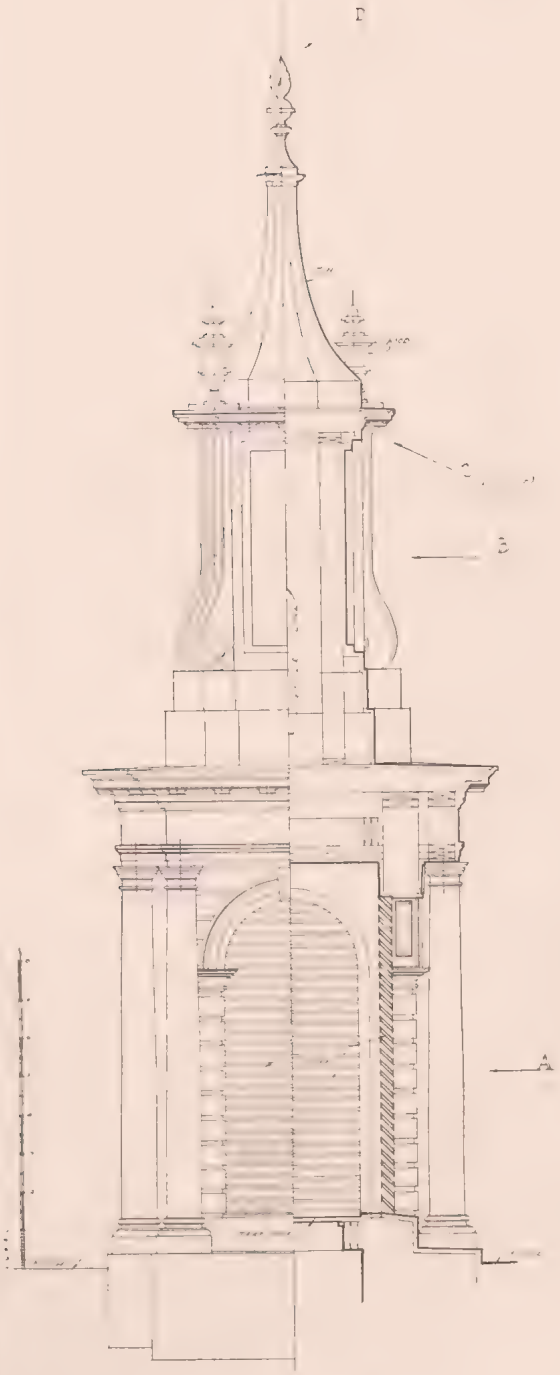
Publications of the Red Cross institute for crippled and disabled men.

Review of applied entomology; Series B: medical and veterinary.

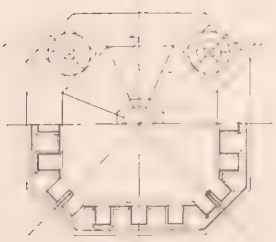


LANCASTER SCHOOL
ALBANY N.Y.

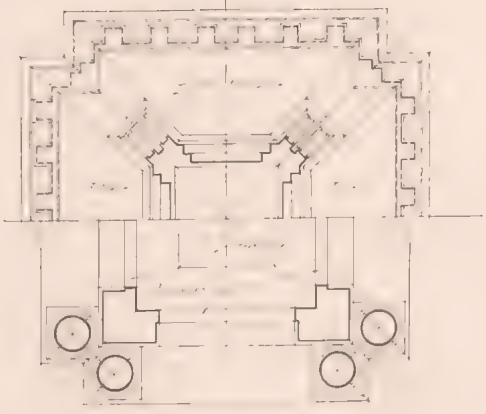




ELEVATION · SECTION ·
ONE HALF



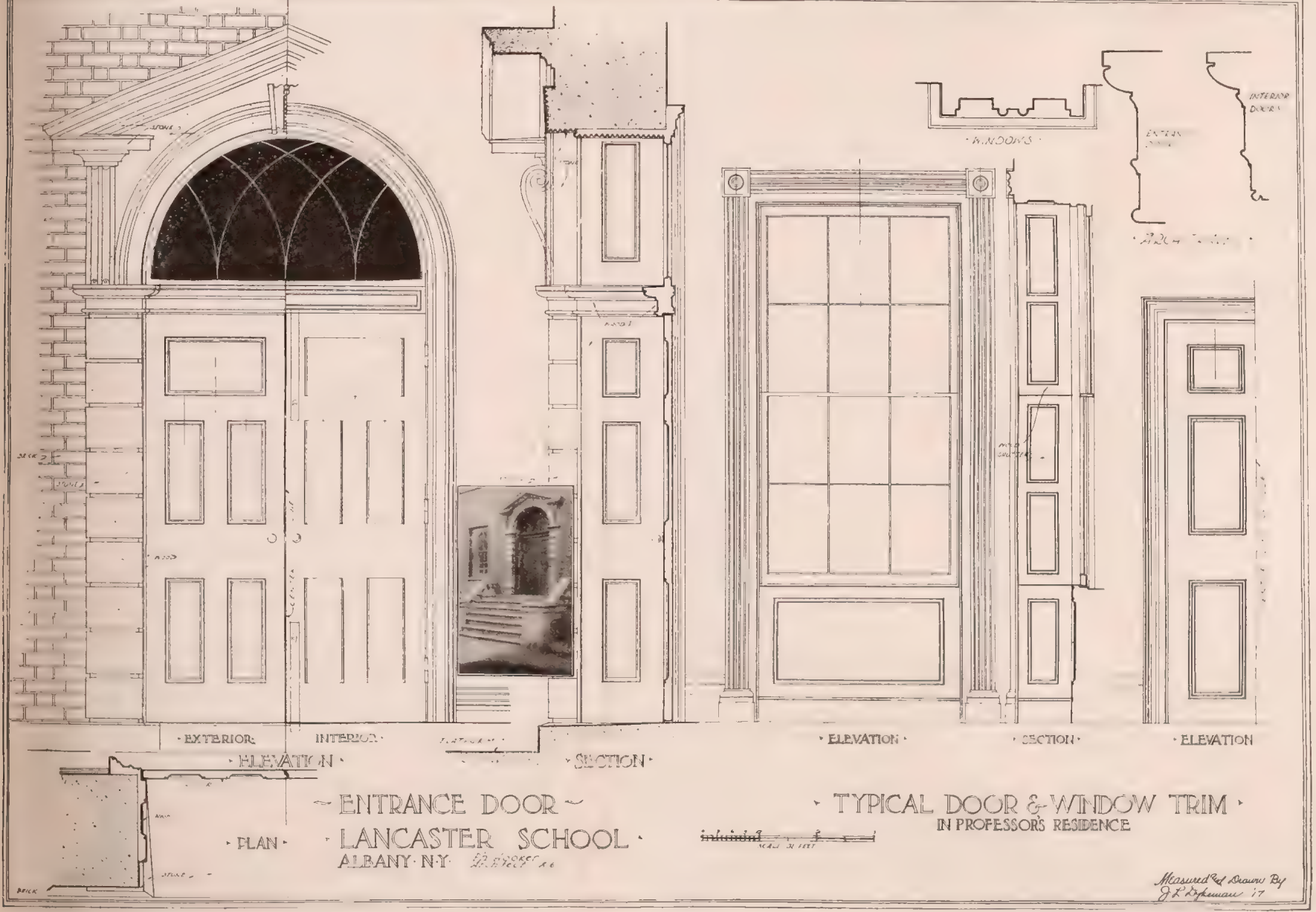
· PLAN ·
C & D



· PLAN ·
A & B

· BELL TOWER ·
· LANCASTER SCHOOL ·
· ALBANY · NY ·

S
S
S
V
V
A
N
E
E
J
M
P
R



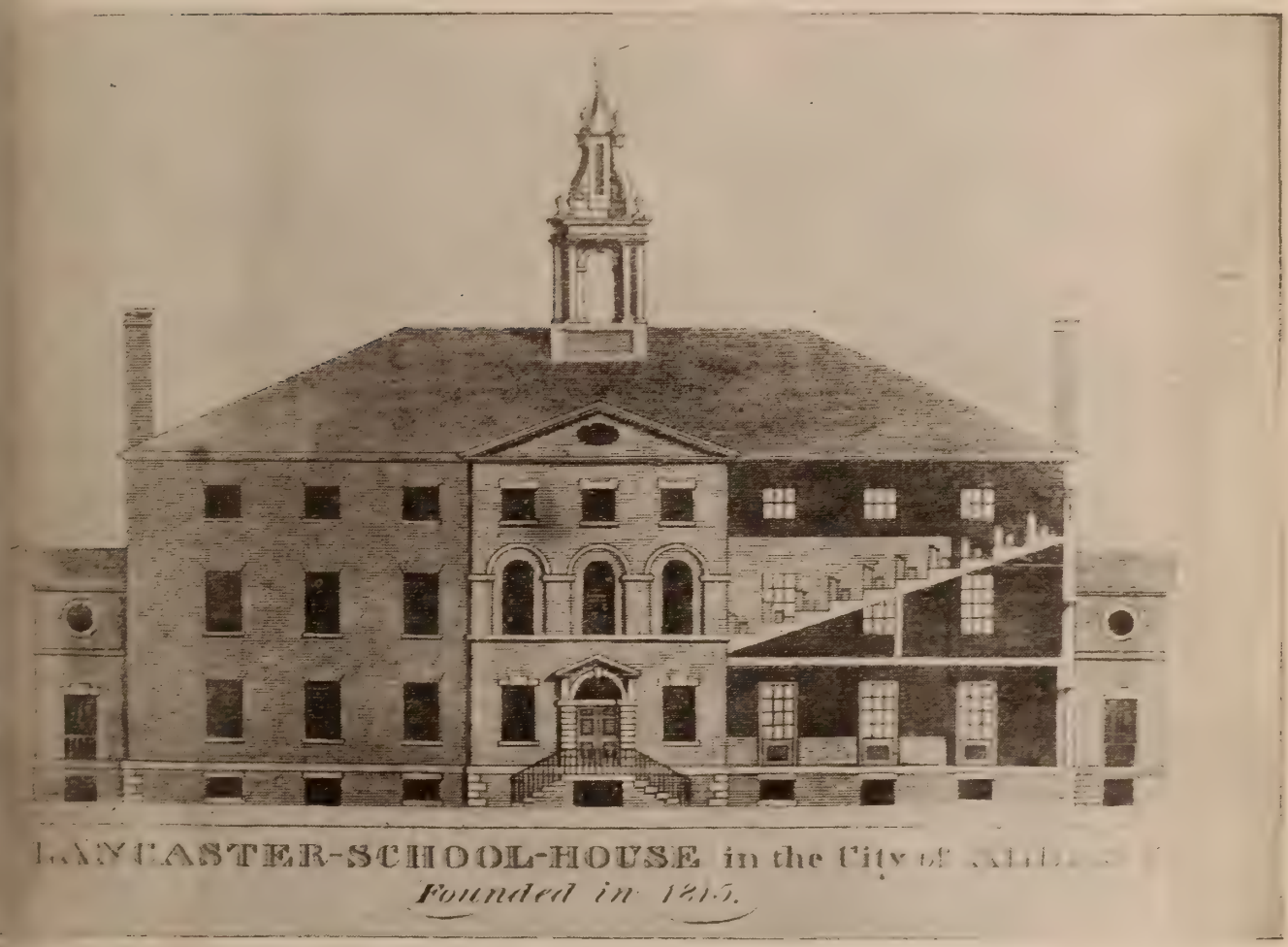
ENTRANCE DOOR
LANCASTER SCHOOL
ALBANY N.Y.

TYPICAL DOOR & WINDOW TRIM
IN PROFESSOR'S RESIDENCE

Measured and Drawn By
J. L. Hopeman '17

VOL. XXXIX APRIL, 1918 No. 4

ALBANY MEDICAL ANNALS



THE HOME OF THE ALBANY MEDICAL COLLEGE SINCE 1830.

Original Communications

THE LANCASTER SCHOOL, ALBANY, N. Y.

By J. L. DYKEMAN

INTRODUCTORY NOTE

(Mr. J. L. Dykeman, who has studied the details of the architecture of the Albany Medical College, has given valuable service of this kind in descriptions of the historic buildings of Albany. His work is most painstaking, and he has already portrayed for a modern and perhaps less observing generation than those who conceived them the beauties of the Albany Academy and the no less classical Second Presbyterian Church. The alumni of the Albany Medical College, who have grown too familiar with the building of their student days will be gratified to learn that the venerable structure possesses architectural beauties, which still hold a claim for reverence. For permission to reprint and for courtesy in supplying the engravings of the original article which appeared in *Architecture* of December, 1917, the Annals is indebted to Messrs. Charles Scribner's Sons.)

The first attempt at forming a free school in Albany was in 1812, when by an act of the legislature the Albany Lancaster School was incorporated. Too much learning among the masses had been considered a dangerous thing, although it was daily becoming more apparent that something had to be done to keep the children off the streets and provide some education to fit them to be useful and worthy citizens. The academies for boys and girls, providing a higher education, were in process of organization, but aside from a small school conducted by the Mechanics Society, exclusively for its own children, no thought had been given to the needs of the poorer classes. Consequently the agitation for so worthy a cause met with instant success.

The school took its name from Professor Joseph Lancaster, an English Quaker philanthropist, then busily engaged in establishing schools throughout England under the monitor system, whereby one principal with the aid of monitors was enabled to conduct a school of at least four hundred pupils. Economy was the watchword, but, notwithstanding the system's shortcomings and handicaps, the schools throve and educated both boys and girls, who later in life proved themselves good citizens and worthy the labor and expense put forth in their behalf.

The first board of trustees consisted of thirteen citizens, with Mayor Philip S. Van Rensselaer acting as president. William A. Tweed Dale, graduate of Edinburgh University and disciple of Lancaster, was the first and only principal of the school. He was described as "a man of strong will, great patience and persistence," and certainly his ability to control four hundred pupils attested the tact and knowledge of child life which he must have had in great abundance. He was a familiar and interesting figure in Albany in those days, as he was daily seen upon the streets wearing a red wig and a gayly colored calico wrapper, and riding astride a donkey. Under his guidance the school, which had been conducted in the rooms of the Mechanics Society, soon grew to such proportions that the common council, in 1815, voted $24,000 to erect a suitable building. The site selected was Jay, Eagle, and Tiger Streets, the name of the latter, happily, giving way to the more appropriate one of Lancaster, after the school's preceptor. Philip Hooker, who had just designed the Albany Academy, was selected as architect. The building committee consisted of Elisha Jenkins, James La Grange, Benjamin Knower, and Barent Sanders. L. Farnham was master carpenter, Jas. Turner master mason, and Hamilton and Watson stonecutters.

The building, which was dedicated in April, 1816, with elaborate ceremonies by both city and State, was designed to accommodate four hundred and fifty pupils and was at that time one of the largest in the country. The materials used were a hard-burned red brick laid Flemish bond, with Nyack sandstone trimmings for the exterior walls, wood for cornices, and the bell tower and slate for the roof. All windows were provided with outside blinds. The interior, except for the basement and first floor on the south occupied by the principal as a residence, was extremely plain; plastered walls, plain trim, and a heavy 3-inch plank flooring throughout. The entire building, in fact, was in keeping with not only the school system itself but that of its founder, who several years later, in his quaint Quaker garb, paid a personal visit to this seat of learning he was so instrumental in founding. The building was three stories in height, facing Eagle Street, with minor entrances at the ends. The first floor, aside from the principal's rooms, consisted of two class-

rooms, an anteroom, and a large library. The two large classrooms on the second floor extended across the building two stories in height. The pupils sat at sloping-topped desks, facing the centre, on steps, each step being one foot higher than the other, so that the teacher could see and be seen from any part of the room. The tops of the desks on the first step were provided with sand-boxes in which the smaller children learned to write, and from this row they graded to the top, where the older pupils used pen and ink. Each desk accommodated nine children, with a permanent place allotted at the head of each class for the teacher selected from the older and brighter pupils. The head teacher, with the two monitor generals, occupied desks on a platform down in front. At the right of this platfrom was a high pulpit labelled "Honor—Reward—Merit" from which the declaimers held sway, as oratory played a very strong part in the boys' education. A large blackboard on the wall back of the teacher was used for the daily motto, from which the children learned to write and spell. Underneath the stepped floor of these rooms, at either end of the building, were large playrooms reached by the small end stairways, and conveniently located off these rooms were large dark closets, or "dungeons," where the unruly were taught to behave. The monitor generals controlled the pupils during school hours. But two pupils were allowed from the room at once, the length of their absence being governed by the swing of a pendulum at each entrance. Upon leaving the pendulum was started and noted by the monitor, and when an arc of fourteen minutes had been reached the absentee was supposed to have returned—else dire punishment was meted out to the unfortunate. Reading, writing, and arithmetic were the principal things taught, with much time devoted to lessons in sewing for the girls. It is most interesting to us to-day, in the midst of our "back to the soil" movement and our school gardens, to learn that in the yard in the rear of this building the boys were taught the "most useful and thrifty study of gardening." The school surely was a model from an economical view-point—one principal, two assistants (one male and one female), whose salaries were but a pittance. The monitor assisted the teachers in controlling the room, and each class was taught by the pupils themselves.

The incentive to excel was strong—first to become a teacher, a monitor, and then—the highest reward of all for the boys—a free scholarship in the Albany Academy.

In 1832 the school was closed by an epidemic of cholera, and for some time afterward the building was used as a hospital. Later it was reopened and continued as a free school until 1836, when it was again closed, upon the perfection by the State of our present school system. The building was idle for a period of years, until Union University took it over for a medical college, it being known to-day as the Albany Medical College. The city, however, still retains a claim on it, as the deed stipulated that if at any time it should be used other than as a medical college it was to revert to the city.

The building as it stands to-day, like many others, unfortunately, of our earlier buildings of like nature, has little left of interest, it having been altered to such an extent that it has lost most of its original charm. Its history, however, remains as one of the most interesting passages of the early efforts toward a free education.

A CASE OF POLYCYTHAEMIA VERA WITH POST MORTEM FINDINGS.

By HERMON C. GORDINIER, M. D.,

Troy, N. Y.

The comparative rarity of Polycythemia Vera, Vaquez's or Osler's Disease, is sufficient justification for placing on record the following typical case with recurring ascites, together with the post mortem findings.

Miss A. F., age 35. Occupation, servant. Entered the Samaritan Hospital, January 21, 1914, complaining of headache, fullness in the head and at the base of the skull, shortness of breath, nervousness and insomnia.

Family History.—Father living and in good health; mother died three years ago of cerebral hemorrhage; a sister died of heart trouble; three brothers and sisters living and well. No nervous or mental diseases in the family. No member of the family has suffered from a similar condition.

Personal History.—Has had croup, diphtheria, measles, and la-grippe. Never has suffered from rheumatism. Menstruation established at fourteen years of age without pain and regular; of late years it has been rather profuse and of a very dark color. She uses no drugs or alcoholic stimulant.

Present Illness.—It began about three years ago, the result, she thinks, of the nervous shock following the death of her mother. At that time she became very nervous, slept poorly; developed an intense itching near the instep of each foot. Two months later she developed severe pains of a darting nature in the left hypochondriac and lumbar regions which radiated to the left shoulder. At the same time severe headaches and constant vertigo appeared, together with a loss of appetite, progressive weakness, trembling of the extremities, gastric distress, and attacks of nausea and vomiting.

Examination.—Moderately short but stout; no edema. The lips and ears are of an intense dark purple color. The cheeks are flushed and of a dark violaceous color. The skin of the whole body is of a dark erythematous hue and this is especially pronounced in the face, neck, forearms, legs, hands, and feet. This coloration is greatly deepened by permitting the limbs to hang, when the feet and hands become swollen and of an intense violaceous hue, not unlike the coloration observed in erythromelalgia. This skin coloration makes the patient look very much like an American Indian. The small veins of the lower extremities are very prominent.

Throat.—The mucous membrane is deeply injected and of a dark red color, the tonsils are slightly enlarged, but no exudate was observed; the teeth are irregular but show no pyorrhea. The tongue is very livid and the papillae are prominent. The gums are spongy, very vascular and livid.

Chest.—Many small venules are present over the anterior chest wall. The chest is symmetric, expansion uniform and equal; the intercostal spaces effaced, the percussion note is hyper-resonant. Auscultation reveals nothing abnormal, save a slightly prolonged low pitched expiration.

Heart.—The apex is in the fifth interspace and intersects the left mammillary line. The cardiac dulness begins above at the fourth rib and extends from the mid-sternal to the left mammillary line, the heart sounds are clear; the aortic second is distinctly accentuated. No adventitious sounds are present. The rhythm is normal, the rate is 90. Systolic blood pressure is 160, diastolic 90.

Liver.—The liver dulness begins in the right mammillary line at the upper margin of the fifth rib, extending five centimeters below the costal border. Palpation shows a firm but smooth and even lower border which is slightly tender.

Spleen.—Dulness of the spleen begins in the seventh interspace at the midaxillary line and extends downward and inward four centi-

meters below the costal margin, the border feels smooth and is distinctly tender on palpation and percussion.

Abdomen.—The abdomen is symmetric; universally distended; the loins appear full and prominent. The abdominal veins are not prominent, no herniae exist. Palpation reveals a distinct fluctuation wave with changeable dulness in the loins and tympanicity in front.

Kidneys.—The kidneys are not palpable; the genitalia are normal.

Nervous System.—The cranial nerves are intact, the mind is clear. The retinal veins and those of the optic discs are very much dilated. The reflexes both superficial and deep are normal. The organic-reflexes are controlled. Motion, gait, and station are normal. There is a delicate tremor of the hands; no nerve or muscular tenderness or objective sensory disturbances were found.

Blood.—The blood as it stood on the ear looked very dark, resembling closely that of blood containing the pigment methemoglobin. Coagulation was rapid.

January 23, 1914.	Polymorphonuclears	70%
Hemoglobin 120 plus (Sahli).	Small mononuclears	24%
Coagulation rapid.	Large mononuclears	4%
W. B. C., 14,300.	Eosinophiles	.5%
R. B. C., 8,760,000.	Transitionals	2%
Differential Count (100 Leucocytes).		

The red cells stained well, no particular changes were observed in their form or size and no nucleated red cells were found. The Wassermann reaction was negative.

Urine.—The urine was acid, dark amber in color, and clear. Specific gravity was 1.028. Contains a moderate trace of albumen, no sugar, a few hyaline and granular casts, and leucocytes. No bile pigment, urobilin, or indican were found.

Bones.—The spine, ribs, sternum, bones of the skull, and those of the extremities are not tender on pressure, and present no irregularity of outline.

Lymph Glands.—No enlarged lymph nodes are present. The thyroid gland is not visible or palpable. There is no sub or retro-sternal dulness. The rectum, uterus, and adnexae are normal.

January 28, one litre of a light straw colored fluid was removed from the peritoneal cavity. It contains: Lymphocytes, 70%; Polynuclears, 23%; Plasma cells, 3%; Endothelial cells, 4%.

After removal of the small quantity of fluid her stomach distress and dyspnea was considerably relieved. No change in the liver or splenic dulness occurred. The blood count showed:

Hemoglobin, 130% plus, (Sahli).	Polymorphonuclears	72%
R. B. C., 9,320,000.	Small mononuclears	22%
W. B. C., 12,400.	Large mononuclears	3%
	Eosinophiles	.2%
	Transitionals	1%

February 1, 1915. Soft edema of the lower extremities has come on, when the legs hang great vascular dilatation and intense erythemia occurs The general coloration of the skin is of a dark erythematous shade. She complains bitterly of headache and vertigo and states that her head feels unusually full.

February 2, 1915. Blood count.	Polymorphonuclears	69%
Hemoglobin 120% plus, (Sahli).	Small mononuclears	26%
Coagulation very rapid.	Large mononuclears	4%
W. B. C., 12,400.	Eosinophiles	.5%
R. B. C., 10,005.	Transitionals	1%

February 7, 1915. Edema of the lower extremities is greatly increased, dyspnea marked, pulse regular, easily compressed, heart sounds clear, jugular veins full and pulsating, systolic blood pressure 190, diastolic 100, complains of great fullness in the head and vertigo. She was so distressed and the veins so distended that phlebotomy was performed and a pint of a very dark bluish black blood was removed.

February 8, 1915. Blood count showed:

Leucocytes, 12,500.

R. B. C., 9,500,000.

Hemoglobin 120% plus, (Sahli).

A smear showed no nucleated red cells, no deformity, and no special disparity as to size. The cells stained uniformly well.

Urine.—The urine showed a large trace of albumen, hyaline and granular casts, and a few leucocytes, but no methemoglobin, urobilin, indican or bile pigments. It was acid with a specific gravity of 1,018.

The general erythemia is very marked, and the lips, finger tips, toes and ears are violaceous in hue. The abdominal cavity was tapped again and four liters of fluid similar in appearance to that previously withdrawn was obtained. Following this and the bleeding she seemed better, the improvement, however, lasted but a few days when the symptoms returned with the same intensity. No remedies seemed to avail much. Several treatments with the X-Rays were carried out, the long bones and the spleen being exposed to the rays, but without the slightest effect on the symptoms or the polycythamemia.

The patient left the hospital February 20, 1915. She became progressively worse, was tapped a number of times with but temporary relief.

April 20, 1915. A blood count showed 12,500,000 reds and 12,000 white

cells. Hemoglobin 120% plus. No nucleated red cells were present and no differences in size. She died May 15, 1915, having previously passed into a comatose state.

The autopsy report from the pathological laboratory of the Samaritan Hospital:

April 18, 1914. Embalmed body of a woman 28 years old. Ascites present and oedema of the legs to the knees. About four gallons of fluid removed from the peritoneal cavity. The peritoneum is smooth and the intestines are of normal appearance. The appendix is in the R. I. F. and is normal.

Lungs.—On the left side there are a few tender fibrous adhesions at the apex. The lung is crepitant everywhere. On section the appearance of the tissue is normal save in the lower lobe where it is congested. There are no signs of tuberculosis. The right lung is entirely free from adhesions and is crepitant throughout. There is a moderate congestion of the lower lobe.

Heart.—Both layers of the pericardium are smooth and there is the normal amount of fluid in the sac. The heart is of normal size. The valves are all competent. The left ventricular wall is 1.5 cm. in thickness and no signs of myocarditis are found. The coronary arteries are not sclerosed and the aorta in its whole extent is smooth.

Spleen.—Is enlarged to twice its size and is attached to the diaphragm by tough fibrous adhesions. These are evidently the result of scar formation and it appears that there has been destruction of splenic tissue at some previous time. This has been replaced by connective tissue which has a dark yellowish color. On section there is an increase of fibrous connective tissue generally distributed. The pulp is not increased in amount. The consistency is unusually firm.

Liver.—Is of normal size. The surface is smooth and regular and the consistency of normal firmness. On section there are areas of congestion for the most part located near the surface. The markings are distinct. The gall bladder is small, contains little bile and no calculi.

Pancreas.—Is of normal size and appearance. Section reveals no abnormality.

Stomach.—The mucosa near the pyloric end shows little spots the size of a pinhead where there is a loss of substance. They resemble little ulcers but may have been caused by auto digestion.

Intestines.—The entire intestinal canal is free from any abnormality although carefully inspected. The mesenteric glands are not enlarged.

Kidneys.—Both are of normal dimensions. The capsule strips easily leaving a slightly roughened surface. On section there is a moderate congestion but nothing else is noticeable.

Adrenals are normal in appearance.

The uterus, tubes and *ovaries* are normal. The *bladder* is distended

with urine and is normal. The *marrow* of the femur is deep red, a reversion to the embryonic type.

The embalmer noted that the amount of blood seemed to be much greater than usual.

Diagnosis.—Ascites, splenomegaly, cyanosis—erythraemia.

Microscopic.—*Lung.*—The sections show no changes in the pleura. The alveolae are for the most part free, occasionally they contain a few desquamated epithelial cells. The blood capillaries in the framework of the lung are universally congested so that they appear to be much larger than usual.

Heart Muscle.—The muscle fibers stain well and the nuclei are distinct. There has been some fragmentation of the muscle fibers. The connective tissue between the fibers shows distinctly an infiltration with lymphocytes, polynuclears and plasma cells. This is not seen everywhere but only in patches. In some cases the lymphocytes predominate while in others the polynuclears. This exudate extends to the endocardium in one or two places. From the sections it appears as a true subacute myocarditis and endocarditis.

Liver.—The capsule is somewhat thickened by connective tissue. The lobules are intensely congested and it seems to originate from the central veins. By it the liver cells are compressed and in some instances destroyed, their places being taken by fibrous connective tissue. Near the surface some of the lobules show no liver cells at all.

Spleen.—The capsule is not thickened. The enlargement noted in the gross examination is due to a swelling of the pulp which is engorged with red blood cells. The malpighian corpuscles are small and seem to be compressed by the pulp. The reticulum is not increased and the trabeculae are not thickened.

Kidney.—The capsule is not thickened. The cortex shows the glomeruli intensely congested and swollen. The tubules here are cloudy but contain no casts. In the medullary portion the tubules are frequently filled with red cells. There is no increase in the connective tissue.

Pancreas.—Shows no pathological changes.

Bone Marrow.—It is of embryologic type, made up of red blood cells, normoblasts and erythroblasts with the various types of leucocytes. Large multinucleated cells are numerous which are taken to be megalokaryocytes. No fat tissue is seen.

Revised Diagnosis.—Erythraemia, engorgement and enlargement of spleen, liver and kidneys, ascites, subacute myocarditis and endocarditis.

Clinical Summary.

A case is recorded of a young unmarried woman thirty-five years of age who complained for a period of about three years of severe headaches, intense vertigo, fulness in the head. Short-

ness of breath, pain in the left upper abdomen, loss of appetite, progressive weakness and deep coloration of the skin.

Examination disclosed an intense dark purple coloration of the lips, ears, and skin covering the malar eminences, while the skin of the whole body and especially that of the extremities was of a dark cherry color, which hue was much deepened when the extremities were permitted to hang. The spleen was much enlarged, easily palpable, firm in consistency and appeared distinctly tender on pressure. The liver also was enlarged and its palpable margin firm, regular in outline and tender. The blood uniformly showed a remarkable increase in the erythrocytes, the count ranging from 8,700,000 to 12,500,000, no nucleated forms were present, no deformity as to size or shape, and they presented a uniform staining reaction. The homoglobin was constantly above one hundred and twenty per cent with the Sahli instrument. Coagulation was rapid. The neurological examination was negative except for the tremor of the extremities and the remarkable fulness and apparent increase in numbers of the veins of the discs and retinae.

Treatment was without avail the course of the disease being progressively downward until death.

The post mortem showed marked congestion of all the organs, the veins standing out very prominently. A large deeply congested firm spleen whose capsule was not thickened, but whose pulp was crowded with red cells. Section of the femur showed a reversion of the normal fatty coloration to that of the dark pink shade of the embryonic type, being made up of numerous red blood cells, normo blasts, erythroblasts and various leucocytes, together with many multinucleated cells probably megalokaryocytes. No fat tissue was observed.

In Memoriam

BIOGRAPHICAL SKETCH OF THE LATE PROFESSOR ALFRED BIRCH HUESTED, M. D., Ph. G., OF ALBANY, N. Y.

By WILLIS G. TUCKER, M. D.

"Mark the perfect man, and behold the upright: for the end of that man is peace." Psalm xxxvii, 37.

Doubtless the psalmist in his tribute to the man of integrity and prediction of the peaceful ending of his life was not unmindful of the failings which, being inherent in human nature, are common to all mankind. No man is perfect, and the most amiable and admirable characters have blemishes, but the perfect man and the upright of the Hebrew writer typifies men of such probity and virtue as we all have known though their number may be small. Some lives impress us as essentially placid and serene, undisturbed by the annoyances and undismayed by the trials of life, ordered by reason and regulated by understanding, disposed neither to exaggerate the ills nor overvalue the good things of life. Such lives exemplify that charity which thinketh no evil, which suffereth long and is kind; they are guileless and free from dissimulation; they are marked by candor and sincerity, but are characterized by kindliness and a due regard for the rights and the feelings of others. Such a life, and it was a long, and active and a useful one, was that lived by the subject of this sketch, and its end was peace.

Dr. Alfred Birch Huested was born at Clifton Park, a little hamlet in Saratoga County, on May 15, 1840. His father died soon after, and the family moved to Amsterdam and there resided until 1852 when they took up their residence in Albany. Here he entered the Albany Academy where his early education was obtained, and in 1856 went to work with Dexter and Nellegar who for many years conducted a large and well-known drug store at the northeast corner of Pearl and State streets. This corner was then, as now, a very central point. The old elm tree was opposite, and here Tweddle Hall was later built, where now

the "Ten Eyck" stands, and from the drug store corner the Kenwood omnibus started on its hourly trips when horse cars were unknown in Albany. Dexter and Nellegar did more or less wholesaling of drugs and chemicals, and also dealt in chemical and philosophical apparatus of which they carried a large stock. The writer has one of their catalogues which is described on the title page as "part of the sixth edition of our illustrated catalogue of philosophical and chemical apparatus," issued in 1856, and it is a well-printed pamphlet of 60 pages. No business of this kind is now carried on in Albany, but in those days this firm supplied the schools, seminaries and colleges in a large territory tributary to the city with their philosophical apparatus and other scientific supplies. When the writer began his study of chemistry in the sixties this firm was still doing a large business in this line, and it was to him a great delight to be admitted to the cellar in which the chemicals were stored, and to the show room on an upper floor where the apparatus was displayed, and it was here that his earliest purchases were made. In such a store as this young Huested received a varied and a thorough training, albeit the senior member of the firm sat in dignified state in his private office giving little attention to the business, the actual management of which was in the hands of the junior member, an industrious and painstaking, though somewhat crotchety, man and not the easiest of men to get along with. It speaks well for the amiability of our young apprentice that he was able, during several years, to put up with the varying and uncertain humors of such an employer because of the advantages and opportunities for acquiring a varied experience in his chosen profession which the situation afforded. But he was both ambitious and far-seeing, and after a time perceived that if he was to make the most of these opportunities he needed a more thorough educational training, and so he left the store and in 1859 returned to the Albany Academy which had long been, what it is now, one of the best private academies in the state. Here he took high rank in one of the upper classes, being older and more mature than most of his classmates, and when he was graduated from the school in 1861 he stood fifth in a class of fifteen and was the recipient of the Gannon Philosophical Medal. He was one of the class orators at

the commencement exercises, his subject being "The Tread of Time," and was at this time twenty-one years of age, and it is to his credit that, seeing the need of a better preliminary education, he was willing to go back to his books at this time in his life.

In 1859, and prior to his graduation from the Albany Academy, Dr. Huested entered the office of Dr. James H. Armsby as a student of medicine. Dr. Armsby, who was one of the founders of the Albany Medical College in which he was at that time the professor of anatomy, was a distinguished surgeon, and with him was associated Dr. James E. Pomfret, a graduate of the medical college in the class of 1858, who had been pastor of the Universalist Church in Haverhill, Mass., before taking up the study of medicine and moving to Albany with his family. With these preceptors Dr. Huested continued his study of medicine, attending lectures at the medical college and serving as medical cadet at the hospital connected with the Soldiers Home which, during the war and for some years after its close, occupied a large building standing where the Albany Hospital is now located. When the 113th Regiment, N. Y. Infantry, was organized he joined that regiment, of which Dr. Pomfret was surgeon, as hospital steward. This regiment was later, while at Washington, changed to the Seventh Heavy Artillery, N. Y. Volunteers, and young Huested was given a leave of absence which enabled him to return to Albany to complete his medical course, pass his examination, receive his degree as doctor of medicine with the class of '63, and pass his examination before the state medical examining board. Returning to his regiment he was commissioned Assistant Surgeon, U. S. A., and detailed to the Twenty-first N. Y. Cavalry then operating in the Shenandoah Valley. Here he saw active service with his regiment until the close of the war when he was ordered west with his regiment to guard the overland stage route on the plains, and he was finally mustered out of the service at Denver in 1866. Returning to the east the journey from Denver to Atchison, Kansas, was made by stage, taking five days and nights as the method of traveling in this part of the country then was.

At a meeting and banquet held at Keeler's Hotel, August 19.

1912, of the surviving veterans of the Seventh Heavy Artillery, celebrating the fiftieth anniversary of its original organization as the 113th Regiment of Infantry, New York Volunteers, Dr. Huested, treasurer and historian of the veterans association, read a history which he had compiled from letters written on the field by Surgeon Pomfret. This most interesting record was published in the newspapers at the time and subsequently reprinted in pamphlet form.

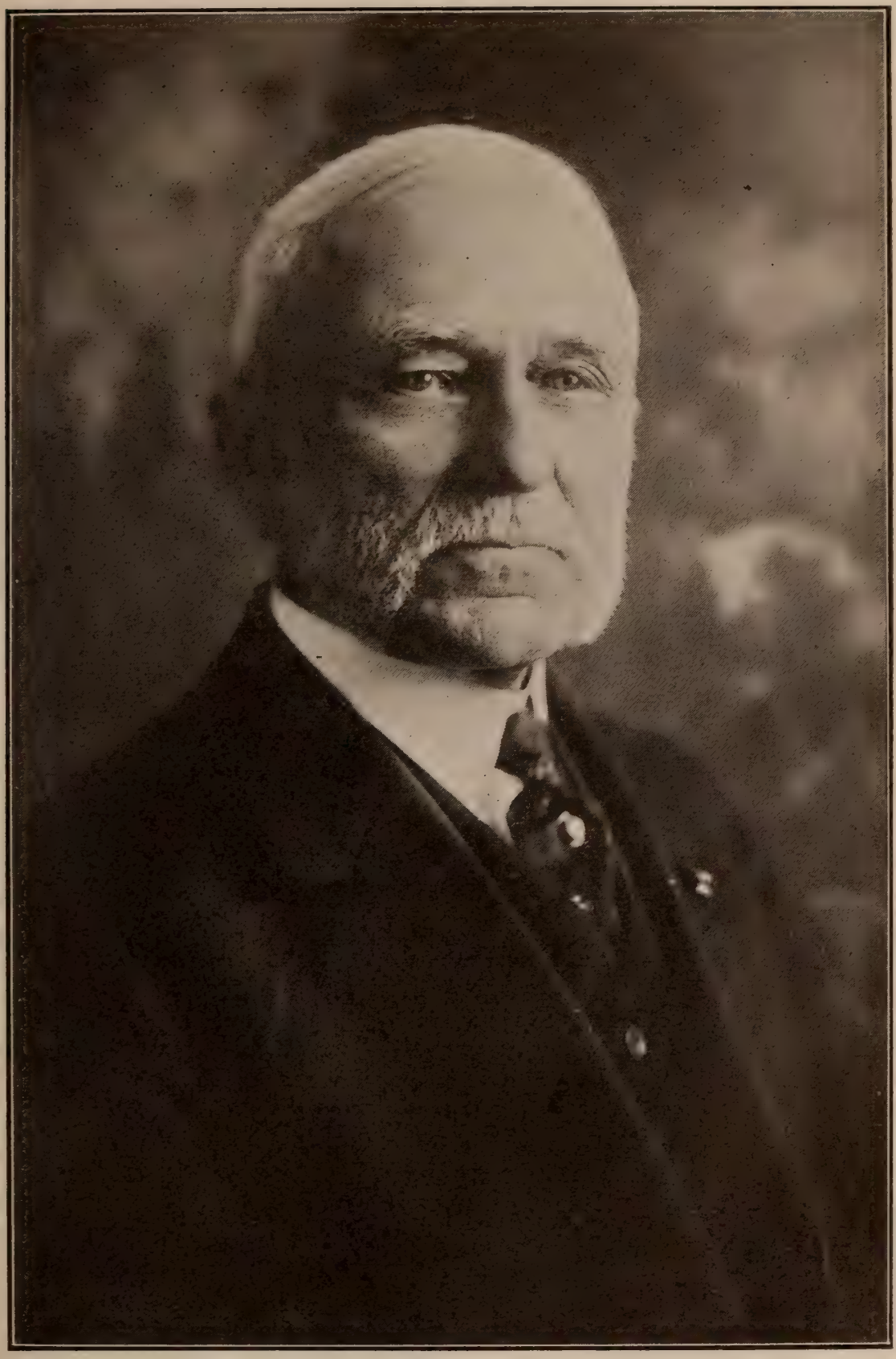
Soon after his return to Albany in 1866 Dr. Huested was appointed Demonstrator of Anatomy in the Albany Medical College and served as such for a time. But he soon abandoned the idea of engaging in practice and decided to return to the drug business. In 1868 he opened a store at the corner of Eagle Street and Hudson Avenue and here he remained until 1888 when he moved to the corner of Eagle and State Street and established the firm of A. B. Huested and Co., from which he retired in 1909.

Dr. Huested was a charter member of the New York State Pharmaceutical Association and took an active part in the organization of the society in 1879. He served as president of the association in 1881 at the Buffalo meeting, and in 1882 in Albany, and he attended the annual meetings regularly and took a prominent part in them. The Albany College of Pharmacy was organized as the Department of Pharmacy of Union University in 1881, and Dr. Huested was made a member of the original board of trustees and continued as such until 1898. On the death of Dr. Jacob S. Mosher in 1883 he was appointed professor of botany and materia-medica in the college to fill the vacancy, and the duties of this position he continued to discharge until incapacitated by his final illness. From 1884 to 1894 he was secretary of the faculty, and as such also secretary of the board of trustees, and this position he resumed in 1912 and occupied until his death. His interest in the college was very great and his high standing in pharmacy, and extended reputation, was a valuable asset to the school and added weight to its faculty. During the latter years of his life, having retired from active business, he was able to give a large part of his time to the work of the school, both as secretary and teacher, and he labored assiduously to advance

its interests in all ways and promote its prosperity. As a teacher he was thorough and conscientious, painstaking and systematic, interesting and stimulating, and as adviser, counsellor and friend to his students he was encouraging and in all ways helpful. In his own person he constantly set before them a good example in the conscientious and intelligent discharge of the daily round of duties, and so living he incited them to emulate the virtues which he unaffectedly displayed. His sincere and kindly interest in his students ended only with his life and when he died none mourned him more truly than those who had profited by his instruction, and been comforted in sorrow, and counselled when in doubt or trouble, by his kindly and ever-ready aid.

The New York State Board of Pharmacy was created by act of the Legislature in 1884 to regulate the practice of pharmacy, and Dr. Huested was appointed by Governor Cleveland one of the five original members of the board. When the board organized in September he was made president, which office he held for sixteen years, and until the establishment of the all-state board in 1900. In 1910 he was again appointed a member of the board, serving as such until his death, and again as president in 1913-14. He attended the meetings with regularity and discharged all his duties as a member, or officer, of the board with punctuality and with signal ability, securing, by his fidelity and devotion, the confidence and the respect of his associates.

In 1867 Dr. Huested was admitted to membership in the Albany County Medical Society and remained a member of the same for many years. He presented occasional cases at meetings of the society, as noted in the Annals, and, in 1883, presented a portrait of the late Professor James E. Pomfret, his former preceptor and his father-in-law, to the society. He took much interest in the affairs of the medical college, and was a member of its alumni association, serving as historian for his class of '63, and presenting class histories at the annual meetings of 1884 and 1903. From 1883 to 1888 he was a member of the executive committee, and in 1905 was elected one of the vice-presidents of the association. Since 1879 he had been a member of the American Pharmaceutical Association, and at the annual meetings of this society, as well as at the annual meetings of the American Conference of Pharmaceutical Faculties, for many



PROFESSOR ALFRED BIRCH HUESTED, M. D., PH. G.

Albany, Medical Annals
April, 1918

years he represented the College of Pharmacy as delegate. He served as delegate from the Albany Medical College to the decennial convention for revising the U. S. Pharmacopoeia held in Washington in 1880, and as delegate from the Albany College of Pharmacy to the conventions of 1890, 1900 and 1910.

Dr. Huested was a member of Temple Lodge, No. 14, F. and A. M., of the Loyal Legion, and of George Dawson Post, G. A .R. He was a member of the Kappa Psi fraternity, and at the fifth annual banquet of the Beta Delta chapter, A. C. P., in 1915, he was presented with a silver loving cup in token of the affectionate estimation in which he was held by the members. In 1884 he received from the Albany College of Pharmacy the honorary degree of Graduate in Pharmacy (Ph. G.).

Dr. Huested was an entertaining and an easy speaker, and a graceful writer, but he was too busily occupied with administrative work to make many contributions to pharmaceutical literature. Among his papers and addresses which have been published may be noted the following:

"Address delivered at 2d Commencement Exercises, Albany College of Pharmacy, Feb. 27, 1883," *Weekly Drug News,* vi, pp. 274-6.
"Pharmaceutical Education: Introductory Address, Albany College of Pharmacy, Oct. 6, 1884," *Albany Medical Annals,* v, pp. 294-303.
"Materia Medica: its importance to pharmacists, Introductory Address, Albany College of Pharmacy, Oct. 3, 1887," *Albany Medical Annals,* viii, pp. 361-71.
"Progress in the Pharmacopoeia: Introductory Address, Albany College of Pharmacy, Oct. 6, 1890," *Albany Medical Annals,* xi, pp. 217-24.
"Uncultivated Pharmacopoeial Plants in New York State," *Pharmaceutical Record,* viii, pp. 237-8.
"Am I My Brother's Keeper?" Address before N. Y. State Pharmaceutical Association at meeting of 1904, *Proceedings N. Y. State Pharm. Assn.,* xxvi, 1904.

The subject of this brief sketch was a man of most engaging personality. That which particularly characterized him seems to the writer to have been his calm and equable temper which was seldom ruffled and not easily disturbed. He was satisfied with his lot, was jealous of no man, and could view with satisfaction, quite unmixed with any tinge of envy, the good fortune which came to others. Little favors gratified, and simple pleasures satisfied him. He loved nature, and had made botany a study, and the sight of the first wild-flowers in spring was a never-failing delight. A few years ago he moved from Albany and, with his wife, took up his residence with a son in Delmar, a few miles

from the city, where he had opportunity to cultivate flowers, grow some vegetables, and look after the chickens and fruit with the assistance of his grandson, and these rural occupations afforded the exercise which he needed and greatly interested him. He was growing older but his eye was bright, his step elastic, his manner as buoyant and his greeting as cheery and as cordial as ever. His mind was to him his kingdom. It was well stored with knowledge and upon its accumulated stores he could at all times draw for his own edification, refreshment and recreation, and for the instruction and entertainment of others. He was a conscientious, just and fair-minded man, whose disposition was philosophical, and whose attitude on any matter of moment was always and instinctively reasonable, tolerant and free from prejudice. To the close of his life he retained in a remarkable degree his youthful vigor, health and mental alertness, and this was largely due to the general sanity of his life the acts of which were prompted by reason and not by impulse or passion. His bent was charitable and his disposition kindly. He never spoke angrily or intemperately, seldom even hastily, and he was as slow to take, as he was unwilling to give, offense.

Dr. Huested's domestic life was singularly happy. He married, August 8, 1867, Margaret A., daughter of Dr. James E. Pomfret already referred to. Dr. Pomfret was born in England but came to this country in youth. He served during the civil war with distinction as an army surgeon and, at its close, was appointed by Governor Fenton surgeon-general upon his staff. He was lecturer on anatomy in 1861, and from 1867 to 1869 was professor of physiology in the medical college, and for a number of years was professor of chemistry in the Female Academy, and he will be gratefully remembered by not a few Albanians who profited by his instruction. The writer well remembers his dignified presence and benignant manner. He died February 22, 1869 sincerely mourned by the members of the profession which he had adorned, and by the citizens of Albany. To Dr. and Mrs. Huested three sons were born; Frank P., professor of chemistry in the Albany High School, James E., of Delmar, and Alfred P., of Niagara Falls, Ont. These, with his widow and three grandsons, William Proudman, son of James E., and Lester Cole and Philip Birch, sons of Alfred P., survive. In August last Dr. and Mrs.

Huested, with their sons and grandsons, celebrated their golden wedding at their home in Delmar, and the occasion will long be remembered with pleasure by the survivors.

Dr. Huested's last illness was not of long duration. During the preceding session of the College of Pharmacy, closing on May 1, he had seemed in his usual health and had carried on his work with apparent ease and pleasure, rather unusual in the case of a man approaching seventy-seven, but during the summer his strength began to fail; he lost flesh, became concerned about himself; and his friends observed a decided change in his appearance. His summer vacation benefited him somewhat, however, and he entered upon the discharge of his customary duties on the opening of the college in the fall with seeming energy but, as the session advanced, his declining strength was evident and, since the college was to be closed for a week at Thanksgiving time, he planned a trip to visit relatives in Amesbury, Mass., and left Albany a week in advance so as to have a fortnight for his vacation. But the change did him little good, and at the end of three weeks he returned to his home in Delmar. For some time after his arrival he hoped to take up his work again, and his friends encouraged him to indulge this expectation, but his strength gradually declined and he was never well enough to leave the house again. He suffered little pain, but slowly failed, and in the early morning of February 23d, 1918, surrounded by the members of his family and ministered to by loving friends, he gradually sank to rest. His life was gentle and its end was peace.

"So his life has flowed
From its mysterious urn a sacred stream,
In whose calm depth the beautiful and pure
Alone are mirrored; which, though shapes of ill
May hover round its surface, glides in light,
And takes no shadow from them."

The funeral took place from his residence in Delmar on Monday afternoon, February 25th, the exercises being conducted by the Rev. T. L. Drury, pastor of the First Universalist church of Troy. It was largely attended, and there were present members of the faculty and of the board of trustees of the Albany College of Pharmacy, members of the State Board of Pharmacy, of the State Pharmaceutical Association, of the Albany Drug Club, of Temple Lodge, F. and A. M., of the Loyal Legion, the

Grand Army of the Republic, and other organizations with which he had been connected. Attended by the family only the remains were conveyed to the Rural Cemetery and there interred.

Success in life is variously measured. Fame, influence and wealth are thought by many to denote it, but others, and with saner view, hold that life successful which has been devoted to the conscientious performance of duty, to useful work honestly done, to unselfish service to mankind. Judged by this standard the life here briefly and imperfectly delineated was preeminently successful, and he who lives such a life can anticipate its inevitable close with serenity because its end is peace.

Clinical and Pathological Notes

An Abuse of Medical Charity



AN ABUSE OF MEDICAL CHARITY.
CONTENTS OF THE "TUMORS."

Frequently there are reported in medical journals instances in which objects, unusual in variety, form, size or number, have

been found in various orifices or hollow organs of the body. Such instances usually occur in the insane. The articles which are here illustrated and of which a list follows were found carefully hidden away in small packages, wrapped up in cloth or bags, and tucked inside of or pinned to the patient's garments.

The patient, a woman about sixty years old, had chronic tuberculosis for years and had been, at times, at the local tuberculosis hospital. At the time of this incident she was a patient at the general hospital and in addition to the tuberculosis above mentioned presented the clinical picture with physical signs of chronic nephritis and myocarditis. After a stay of several weeks in the hospital the edema gradually cleared up and the patient was able to be up and about the ward. The day before she was to leave the hospital it was noted by the nurse in charge that she appeared to have numerous tumor-like lumps of varying size scattered over the body. Investigation showed that these masses were small packages of the articles here illustrated and enumerated, pinned to or tucked under the clothes on the various parts of the body.

The list of articles is as follows:

4 teaspoons.
2 dessert spoons.
2 knives.
3 forks.
3 salt shakers containing salt.
1 pepper shaker containing pepper.
1 half pint glass jar full of sugar.
2 glasses.
1 saucer.
1 medicine glass.
1 fine tooth comb.
1 spool of black thread.
5 hot water bottle covers.
1 hot water bottle (new with stopper).
1 extra hot water bottle stopper.
1 nurses' cap pin.
1 hat pin
1 valve for air cushion.
1 sputum cup in which were

4 boxes of ointment.
(3 of yellow oxide ointment and
1 of boric ointment.)
1 clinical thermometer.
5 cakes of toilet soap.
1 turkish bath towel.
1 pillow slip.
3 night gowns.
2 bed pan covers (coarse towels).
4 wash cloths.
1 pair of bandage scissors.
4 pencils.
Total—59 articles.

After leaving the main hospital the patient was sent to the tuberculosis department where it was found that she had also acquired the following articles which did not belong to her:

1 small suit case containing
1 Astrakan boa,
1 three-quarter length woman's coat,
1 brush and
1 comb.

Correspondence

LETTER FROM THE WAR.

(Dr. Harold A. Peck (A. M. C. '16), who holds the rank of first lieutenant in the Medical Reserve Corps is in active service with the Seventh Northamptonshire Regiment of the British Expeditionary Forces. Lieutenant Peck has recently written some of the experiences and details of trench life.)

"I have been medical officer to this battalion for over a month and we are in the line so that I am established in my regimental-aid-post just behind the trenches. The aid post is in what is called a 'sap' or a long narrow tunnel dug into a hill so the entrance is just at the surface of the ground.

"The entrance faces west and is sandbagged so a shell would have to drop straight down to harm us in here. The inside of

the dugout is propped with heavy poles, across the tops of which are heavy iron rails supporting corrugated iron, which in turn supports sand bags, rubble and a heavy layer of earth.

"This dugout is about thirty feet long, eight feet wide and six feet high and in here five of us, three medical orderlies, one stretcher bearer and myself, sleep eat, and attend the patients. We are quite comfortable here.

"We occasionally get a jar when the shell hits the ridge above us. I was just enjoying my tea (a good old English custom which is even kept up out here and the men love it every day, with bread and jam) when your thoughtful gift arrived.

"There is very little to do in a medical way as medical officer to a battalion but one loves the work as he learns to know the men and each one is a man with a capital M. The spirit of the 'Tommy,' after three and a half years of this country, is a thing to marvel at. The trenches are waist deep in mud and water. Hip boots are the only thing of any value at all and even over the tops of them the mud oozes in. A man is never allowed to travel alone for fear he will get caught in mud and be held there."

Public Health

Edited by Arthur Sautter, M. D.

Department of Public Safety, Bureau of Health, Albany, N. Y.

Bureau of Vital Statistics.

Compiled by William F. Fullgraff, Registrar.

Deaths for the Month of February, 1918.

Consumption	17	Broncho Pneumonia	10
Typhoid Fever	0	Bright's Disease	12
Scarlet Fever	0	Apoplexy	12
Measles	0	Cancer	9
Whooping Cough	1	Accidents and Violence	7
Grippe	1	Deaths under 1 year	20
Diarrheal Diseases	1	Deaths over 70 years	47
Diphtheria and Croup	1	Death rate	19.14
Pneumonia	16	Death rate less non-residents	16.94

Deaths in Institutions.

	Non-Res.	Res.		Non-Res.	Res
Albany Hospital	2	8	Penitentiary	1	1
Albany Hospital Camp..	3	4	Public Places	1	1
Albany Co. Hospital ..	4	1	Child's Hospital	0	1
St. Peter's Hospital....	0	10	St. Margaret's House ..	1	1
Homeopathic Hospital ..	5	4	Maternity Hospital	1	3
Home for Incurables...	1	1		19	35

Births ..... 187 Still Births 6

Division of Communicable Disease.

Typhoid Fever	11	Tuberculosis	25
Scarlet Fever	3	Epidemic Cerebro - Spinal Meningitis	1
Diphtheria and Croup	22	Mumps	17
Chickenpox	21	Septic Sore Throat	2
Smallpox	0		
Measles	53		
Whooping Cough	25	Total	180

Number of days quarantine for scarlet fever:
Longest..... 44 Shortest..... 31 Average..... 37½
Number of days quarantine for diphtheria:
Longest..... 27 Shortest..... 10 Average..... 17 1/6

Fumigations: Rooms.....269 Buildings.....47.
Milk bottles disinfected..... 147

Communicable Disease in Relation to Schools.

	Reported D.	S.F.
Public School No. 6		1
Public School No. 15.....	1	
Public School No. 22		1
Vincentian Institute	10	
High School	1	1
St. Joseph's Academy	1	
Cathedral School	1	

Nurses' Report.

Tuberculosis.

Living cases on record February 1, 1918		815
Cases reported:		
By card	24	
Dead cases by certificate.....	1	25
		840

Dead cases previously reported	16	
Dead cases not previously reported	1	
Removed	1	18
Living cases on record March 1, 1918		822
Total tuberculosis death certificates		17
Non-resident deaths:		
Albany Hospital Camp		3
Resident deaths		14

Visits to Cases of Communicable Disease.

Tuberculosis	39	Miscellaneous	10

Laboratory Report.

Initial Positive	42	Suspicious	0
Initial Negative	141	No growth	29
Release Positive	26		
Release Negative	98	Total	336

Sputum for Tuberculosis.

Positive	42	Negative	105
		Total	147

Widals.

Positive	4	Unsatisfactory	4
Negative	26		
Suspicious	2	Total	36
Wassermann tests	90	Bacteriological examinations	4
Milk analyses	94	Pathological examinations	2
Water analyses	0	Miscellaneous	2

Division of Sanitation.

Complaints made	67	Re-inspections	32
Inspections	54	Plumbing	21
Plumbing	32	Sanitary	11
Sanitary	22		

HEARINGS.

Hearings	1

Class of Cases.

Ventilation	1

Disposition of Cases.

Reinspections	1

Division of Plumbing, Drainage and Ventilation.

Inspections	55	New buildings	1
Old houses	35	Houses tested	4
New houses	20	Blue or red	1
Permits issued	74	Peppermint	3
Plumbing	72	Houses examined	38
Building	2	Re-examined	102
Plans submitted	5	Valid	22
Old buildings	4	Without cause	16

Report of Removal of Dead Animals.

Horses removed	33	Cats removed	238
Dogs removed	190		
		Total	461

Division of Markets and Milk.

Public market inspections	20	Fat tests	118
Market inspections	4	Sediment tests	38
Milk depots inspected	14	Chemical tests	30
Stores inspected	96	Bacterial counts	84
Cans inspected	679	Dog examined for rabies	1
Lactometer readings	30	Complaints investigated	3
Temperature readings	30		

Miscellaneous.

Cards posted for communicable disease	31	Vaccinations	32
Cards removed	17	Cases assigned to health physicians	89
Notices served on schools	144	Calls made	175
Notices served on factories and stores	9	Garbage collected from first District (bbls.)	118
Postal card returns sent to doctors	31	Garbage collected from 2nd District (bbls.)	145
Postal card returns received from doctors	17	Garbage collected from 3rd District (bbls.)	158
Inspections and reinspections.	89		
Employment certificates issued to children	18		

Medical News

THE ALBANY GUILD FOR THE CARE OF THE SICK.

Report for Month of February, 1918.

Number of new cases during month		183
Classified as follows:		
Dispensary patients receiving home care	7	
District cases reported by health physicians	5	
Charity cases reported by other physicians (4 prenatal)	21	
Moderate income patients (5 prenatal)	71	
Metropolitan patients (8 prenatal)	60	
S. S. Patients	19	
Old cases still under treatment	76	
Total number of cases under nursing care during month		259

Classification of diseases for the new cases.

Social	16
Medical	39
Surgical	5
Gynecological	1
Obstetrical under professional care:	
Mothers	32
Infants	40
Prenatal	17
Eye and Ear	6
Skin	2
Throat and Nose	3
Dental	0
Infectious diseases in the medical list	21
Infectious diseases in the surgical list	1

Disposition.

Discharged S. S.	18
Removed to hospitals	4
Deaths	5
Discharged cured	89
Discharged improved	54
Discharged unimproved	16
Number of patients still remaining under care	73

Special Obstetrical Department.

Number of obstetricians in charge of cases	2
Number of students in attendance	2
Number of nurses in attendance	7
Number of patients carried over from last month	0
Number of new patients during month	7

Number of patients discharged	5
Number of visits by Head Obstetrician	0
Number of visits by the attending obstetrician	29
Number of visits by students	35
Number of visits by nurses	54
Total number of visits for this department	118

VISITS OF NURSES (*All departments*).

Number of visits with nursing treatment		1131
P.	931	
Ch.	200	
For professional supervision of convalescents		504
Un.	293	
S. S.	104	
Prenat.	14	
Instr.	93	
Total number of visits		1635
Hours spent at dispensary		282
Hours spent on conf.		92½
Cases reported to the Guild by 2 health physicians, and 30 other physicians		
Graduate nurses		6
Certified nurses		2
Pupil nurses		1 on duty.

DISPENSARY REPORT.

Number of clinics held	65
Number of new patients	122
Number of old patients	482
Total number of patients treated during month	604

Classification of clinics held.

Surgical	8
Nose and Throat	4
Eye and Ear	14
Skin and G. U.	2
Medical	7
Prenatal	3
Lung	6
Dental	1
Nervous	3
Stomach	3
Children	7
Gynecological	7

Signed F. FREEMAN, R. N., *Superintendent.*

MEDICAL SOCIETY OF THE COUNTY OF ALBANY.—The regular monthly meeting was held at the Albany County Court House, Thursday, March 28, 1918, at 8:30 P. M. The following Scientific Program was presented:

Symposium on Diseases of the Gall Bladder.—

(a) Etiology and Symptomatology, P. W. Harrig, M. D.
(b) Pathology, W. S. Lilienthal, M. D.
(c) Medical Aspects, L. R. Worrell, M. D.
(d) Surgical Aspects, C. W. L. Hacker, M. D.

MEDICAL SERVICE OF THE ARMY AND NAVY.—Dr. CHARLES E. DAVIS (A. M. C. '91), of Albany, N. Y., holding the rank of major in the United States Medical Corps, has been commanding officer of the Government Hospital at Waynesville, N. C. Dr. Davis left Albany in the summer of 1917 and was first stationed at a post in Rhode Island and later in Georgia. He also served in the Spanish American war.

—Dr. ORLA J. PARK (A. M. C. '16), of Hudson Falls, N. Y., received his commission as first lieutenant in May, 1917 and was assigned to the British Expeditionary Forces. He is attached to No. 3 Field Hospital.

—Dr. BYRON E. CHAPMAN (A. M. C. '17), of Broadalbin, N. Y., who has been an assistant at the Bender Laboratory since his graduation has been commissioned as first lieutenant in the Medical Reserve Corps and is stationed at Fort Oglethorpe, Ga.

—Dr. GEORGE V. GENZMER (A. M. C. '13), of Plainfield, N. J., is first assistant surgeon in the United States Navy.

—Dr. WILLIAM H. MASON (A. M. C. '11), of Gloversville, N. Y., has received his commission as second lieutenant in the Medical Reserve Corps and is at present on duty with the hospital unit at Stockton, Cal.

—Dr. MICHAEL ROGERS (A. M. C. '12), of Greenwich, N. Y., has been commissioned first lieutenant in the Medical Reserve Corps and has seen service in England. He was invalided home on acount of rheumatism and is now under hospital care in Washington.

—Dr. EDWARD W. BECKER (A. M. C. '97), of Troy, N. Y., is commissioned as major in the New York State Guard and is senior medical officer of the Second Provisional Regiment and is now on duty guarding the Poughkeepsie bridge, the barge canal and munition plants as far north as Whitehall, and as far west as Niagara Falls.

—Dr. JOHN J. BEARD (A. M. C. '97), of Cobleskill, N. Y., has been promoted to a captaincy in the Medical Reserve Corps.

UNITED STATES CIVIL SERVICE EXAMINATION. PATHOLOGIC PHYSIOLOGIST (MALE). MAY 7, 1918.—The United States Civil Service Commission announces an open competitive examination for pathologic physiologist, for men only. A vacancy in the Hyglenic Laboratory, Public Health Service, Washington, D. C., at $3,000 a year, and future vacancies requiring similar qualifications at this or higher or lower salaries, will

be filled from this examination, unless it is found in the interest of the service to fill any vacancy by reinstatement, transfer, or promotion.

The duties of the appointee will be to study the pathology of industrial poisoning, with special reference to the manufacture of munitions.

Competitors will not be required to report for examination at any place, but will be rated on the following subjects, which will have the relative weights indicated, on a scale of 100: (1) Education, 30; (2) Experience, 40; (3) Publications (to be submitted with application), 30.

Under the first and second subjects competitors will be rated upon the sworn statements in their applications, and upon corroborative evidence adduced by the Commission.

A degree of M. D. from an institution of recognized standing, and at least two years' postgraduate experience in pathologic physiology, are prerequisites for consideration for this position.

Applicants will be admitted to this examination regardless of their residence and domicile, but those desiring permanent appointment to the apportioned service in Washington, D. C., must have been actually domiciled in the State or Territory in which they reside for at least one year previous to the date of the examination, and must have the county officer's certificate in the application form executed. Positions in the Hygienic Laboratory of the Public Health Service are in the nonapportioned service.

Applicants must have reached their twenty-first birthday on the date of the examination.

Applicants must submit with their applications their photographs, taken within two years. Tintypes or proofs will not be accepted.

This examination is open to all male citizens of the United States who meet the requirements.

Applicants should at once apply for Form 2118, stating the title of the examination desired, to the Civil Service Commission, Washington, D. C.; the Secretary of the United States Civil Service Board, Customhouse, Boston, Mass.; New York, N. Y., New Orleans, La., Honolulu, Hawaii; Post Office, Philadelphia, Pa., Atlanta, Ga., Cincinnati, Ohio, Chicago, Ill., St. Paul, Minn., Seattle, Wash., San Francisco, Cal.; Old Customhouse, St. Louis, Mo.; Administration Building, Balboa Heights, Canal Zone; or the Chairman of the Porto Rican Civil Service Commission, San Juan, P. R.

Applications should be properly executed, excluding the medical certificate, and must be filed with the Civil Service Commission, Washington, D. C., with the material required, prior to the hour of closing business on May 7, 1918.

Personal.—Dr. Arthur B. Van Loon (A. M. C. '91), has been presented a loving cup by his associates on the medical and surgical staffs of the Homeopathic Hospital in recognition of his activity in promoting the work of the hospital.

—Dr. VIRGIL D. SELLECK (A. M. C. '05), of Glens Falls, N. Y., has been promoted health officer of the city and this is the first instance of an appointment of a full time health officer in a third class city in New York State.

—Dr. HENRY J. NOERLING (A. M. C. '11), has been elected a trustee of the Village of Valatie, N. Y., where he is established in practice.

MARRIED.—Dr. WILLIAM P. HOWARD (A. M. C. '14), and Miss Margaret Devlin were married in Albany on March 20, 1918. Dr. Howard holds the rank of captain in military service and is on duty with Base Hospital No. 33 in Albany.

DIED.—Dr. JOHN A. HAGAR (A. M. C. '90), died at his home in Gloversville, N. Y., on March 6, 1918, after an attack of paralysis. Dr. Hagar had been in active practice in Gloversville since his graduation and had been a member of the Board of Education and for more than ten years was health officer of the town of Bleecker.

Current Medical Literature

REVIEWS AND NOTICES OF BOOKS

Surgery and Diseases of the Mouth and Jaws. An attractive treatise on the surgery and diseases of the mouth and allied structures. By VILRAY PAPIN BLAIR, A. M., M. D., F. A. C. S., Professor of Oral Surgery in the Washington University Dental School and Associate in Surgery in the Washington University Medical School. Third Edition. St. Louis, C. V. Mosby Co., 1917.

This volume of the surgery and diseases of the mouth and jaws should prove to be a very valuable addition to our knowledge of these important subjects. It includes a study of those conditions which are alike important to the dentist and the surgeon.

Four chapters are devoted to a consideration of fractures of the jaw. They have been thoroughly revised in this third edition in such a way as to incorporate the latest war data concerning gun shot injuries of the face and jaws. Other important subjects which are treated in a particularly comprehensive way are the congenital defects and abnormalities of the mouth and jaws, affections of the salivary glands and their ducts and the various types of benign and malignant tumors of the oral cavity and the tongue.

The volume contains 733 pages with 460 illustrations. G. E. B.

Diseases of the Genito-Urinary Organs and the Kidneys. By Robert Holmes Greene, A. M., M. D., Professor of Genito-Urinary Surgery, Medical Department of Fordham University, etc., and Harlow Brooks, M. D., Professor of Clinical Medicine, Fordham University and Bellevue Hospital Medical School. Fourth Edition, thoroughly revised. Philadelphia and London. W. B. Saunders & Co., 1917.

It has been the authors' purpose in this volume to present a discussion of the more important diseased conditions of the uro-genital tract taken from the standpoint of the general practitioner and surgeon. They have incorporated such methods as they personally have found most practical and useful, all of which may be successfully employed in the hands of any well equipped practitioner familiar with modern medical and surgical technique. They have devoted the greatest amount of space and the fullest descriptions to those conditions and methods which have appeared to them to be of the greatest importance or to those which, being of recent development, may be presumed to be less familiar to the practitioner. The work, therefore is the product of a surgeon and a physician and it is intended that equal attention should be devoted to both medical and surgical aspects of the diseases which are considered in this work.

The first four chapters are devoted to the special methods and instruments used in the diagnosis of renal and vesical diseases and to chemical and microscopical examinations of the urine. Chapter Five is devoted to a consideration of the embryology, anatomy and physiology of the kidney and to the question of compensation in renal diseases. In Chapter Six is considered the blood in diseases of the kidney and blood pressure in renal diseases. Chapter Seven is given to the ocular manifestations of renal diseases. Several chapters are devoted to the kidney in acute infectious diseases, to Bright's Disease and uremia. Then the surgery of the kidney is taken up in a comprehensive and exhaustive manner. The final chapters treat of diseases of the male and female urethra, the prostate, and of the testicle and epididymis. The last chapter is devoted to the study of the neuroses of the sexual organs.

The book contains 666 pages and is well illustrated and attractively bound, and is an unusually valuable contribution to the diseases of the genito-urinary organs and the kidney. G. E. B.

The Art of Anaesthesia. By Paluel J. Flagg, M. D., Lecturer in Anaesthesia, Fordham University Medical School, Anaesthetist Roosevelt Hospital, etc., 136 illustrations. Philadelphia and London. J. P. Lippincott Co.

This book of 335 pages is intended by the author as a ground work upon which the student, interne and general practitioner may acquire a

more comprehensive knowledge of the art of anaesthesia. He has described in a clear and comprehensive way anaesthesia as the student will actually find it.

The history of anaesthesia is first briefly considered and then a resumé of the entire field of anaesthesia is attempted by defining and describing general, local and mixed anaesthesia. General anaesthesia is taken up in detail. Classification is made of the stages of anaesthesia based upon the circumstances present in all methods and by all anaesthesia. He has based his classification of general anaesthesia upon the stages of induction, maintenance and recovery. The various methods employed, oral insufflation, intrapharyngeal insufflation, intratracheal insufflation, rectal and intravenous methods, are fully discussed.

The book is profusely and clearly illustrated and is a splendid contribution to the art of anaesthesia.

The price of the volume is $3.50. G. E. B.

NEW YORK STATE MEDICAL LIBRARY

Edited by Miss Frances K. Ray.

RECENT ACCESSIONS.

American climatological association. Transactions, v. 32, 1917.
American gynecological society. Transactions, v. 42, 1917.
Arny, H. V. Principles of pharmacy. 2d ed. 1917.
Billings, J. S. Physiological aspects of the liquor problem. 1903.
Bordet, Jules. Studies in immunity. Translated by F. C. Gay. 1909.
Bowen, W. P. Applied anatomy and kinesiology. 1917.
Brown, W. L. Physiological principles in treatment. 3d ed. 1914.
Cabot, R. C. Training and rewards of the physician. 1918.
Camac, C. N. B. Epoch making contributions to medicine, surgery and the allied sciences. 1909.
Carlson, A. J. Control of hunger in health and disease. 1916.
Carrel, A. & Dehelly, G. Treatment of infected wounds; translated by Child. 1917.
Curtis, J. G. Harvey's views on the use of the circulation of the blood. 1915.
Fisk, E. L. Alcohol. 1917.
Forel, A. H. Hygiene of nerves and mind in health and disease; translated by H. A. Aikens. 1907.
Goodwin, T. H. Notes for army medical officers. 1917. (Medical war manual).
Head, Joseph. Modern dentistry. 1917.
Herrick, C. J. Introduction to neurology. 1916.
Hutchinson, W. Community hygiene. 1916.

Hutt, C. W. Future of the disabled soldier. 1917.
Jones, H. L. Medical electricity. 6th ed. 1913.
Keen, W. W. Medical research and human welfare. 1917.
Kerley, C. G. Short talks with young mothers on the management of infants and young children; 3d ed. 1915.
McIsaac, Isabel. Elements of hygiene for schools. 1909.
McClendon, J. F. Physical chemistry of vital phenomena. 1917.
Malcolmson, A. M. Laws of health for schools. 1913.
Marshall, C. E. *ed.* Microbiology. 2d ed. 1917.
Massiot, G. Manuel pratique du manipulateur radiologiste. 1917.
Neuhof, Selian. Clinical cardiology. 1917.
Ottenberg, R. Chemistry for nurses. 1917.
Proceedings of the 2d Pan American scientific congress; section on public health and medicine. 1917.
Snow, W. B. Currents of high potential, of high and other frequencies. 2d ed. 1911.
Spiegel, L. J. Chemical constitution and physiological action, translated by C. Luedeking. 1915.
U. S. Bureau of animal industry. Instructions for employees engaged in eradicating foot-and-mouth disease. 1915.
—— ——. Special report on diseases of cattle. 1916.
Vedder, E. B. Sanitation for medical officers. 1917. (Medical war manual).
Webb, B. Health of working girls. 1917.
Whipple, G. C. State sanitation; a review of the work of the Massachusetts state board of health. 1917. v. 1.
Wood, F. C. Chemical and microscopical diagnosis. 3d ed. 1917.

New Subscriptions

Medical bulletin; a review of war medicine, surgery and hygiene; published by the American Red Cross in France.
Minnesota medicine.
Neurological bulletin; clinical studies, in the neurological department of Columbia university.

VOL. XXXIX MAY, 1918 No. 5

ALBANY MEDICAL ANNALS

Original Communications

BLUE SCLEROTICS WITH BRITTLE BONES.

A Case Presented Before the Albany Medical College Society, March 7, 1918.

BY JOHN B. HARVIE, M. D.,

Clinical Professor of Surgery, Albany Medical College.

This boy first came under my observation in the mid summer of 1915. He was then five and a half years of age. When I was motoring to my bungalow he was observed sitting in the same place each day, a frail little fellow who never joined other children in their play, a deformed leg being responsible for his inactivity. One day I examined him and found an ununited fracture of the tibia associated with great deformity and bending of the bone. He was taken to the Samaritan Hospital, where it was found he had multiple fractures, and he has continued under our care ever since.

Past History. The little patient was a full-term child; labor was perfectly normal and he was breast fed. The boy suffered from none of the usual diseases of childhood; he had been a delicate child, but was never really ill. He walked somewhat late but detention had not been delayed and his teeth are moderately good.

Family History. Up to the present time it has been difficult, in fact impossible, to get any detailed, accurate account of this boy's antecedents beyond the immediate family. His father is a well developed man of good health. His mother had blue sclerotics and fractured her humerus in early life; this united firmly with no resulting disability. She died from carcinoma of

the uterus when forty years of age. She had no miscarriages; there are five children, four boys and one girl. The second oldest child, a boy now twenty years of age, has blue sclerotics and also has had multiple fractures. I have never seen him as it does not seem possible to persuade him to come to town, but he is of medium height and all the fractures he sustained have united in a perfectly normal manner. The other members of the family are healthy and apparently perfectly normal.

History of Fractures. All the fractures in this boy have occurred on the left side—the left tibia and fibula, the forearm, the end of the humerus, the femur and the clavicle. Some have been associated with a known injury and others not. The bones in the vicinity of the fractures are exceedingly porous and seem to possess little mineral deposit. They are more transparent than usual, as shown by the X-Ray. They are soft, bend easily and assume a sickle shape. The cortical substance is lacking and the bones are exceedingly slender, particularly the clavicles and fibulae. The latter are about the size of an ordinary knitting needle. The muscles and the ligaments show lack of tonicity. The joints have a wide range of motion so that the legs may be thrown in all directions. There is marked hypotonia.

Physical Examination. The boy is somewhat undersized and is rather poorly developed. He is now about eight years of age. The visceral functions are normally performed and he possesses fair intelligence. The voice and hearing are perfectly normal. The blood examinations, including Wassermann, are perfectly negative and he carries no elevation of temperature.

There are, however, certain conditions of his framework which characterize a special congenital state. The scleras present a pale china-blue appearance and this constitutes the obscure entity associated very closely with fragilitas ossium or brittle bones. The pale china-blue appearance of the scleras is, of course, very characteristic and the very small and poorly developed bones are to be expected in company with it.

Blue scleras are not infrequent in young children with tuberculosis; they are also found in congenital heart disease but in such cases it is possible the discoloration is due to passive hyperaemia. Eddows (1900) recognized the association but

To Illustrate Dr. Harvie's Article on "Blue Sclerotics with Brittle Bones."

Albany Medical Annals, May, 1918.

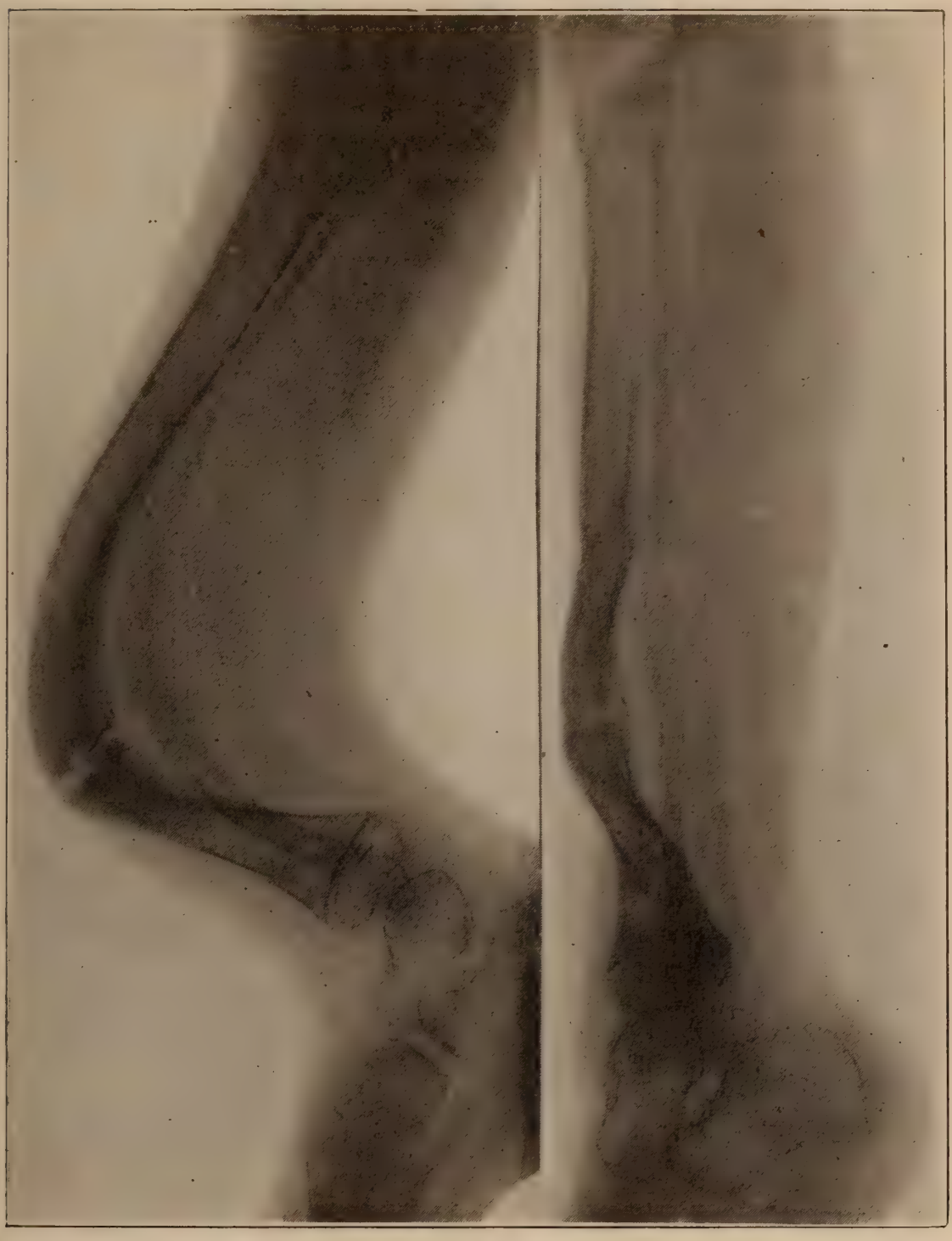


FIG. I

Showing seat of fracture in tibia with bending of bone forward. Note porosity of the bone and very slender fibula.

FIG. II

After operation for correction of the deformity.

up to the present time this symptom-complex has never been explained. The victims of this unfortunate coincidence are usually small of stature, fractures and sprains occur easily, but fortunately, as a rule, the patients make good recoveries. In this case the disability following the fractures has been more or less permanent; this is an exception; this boy's bones, when fractured, do not unite, the best result obtainable being fibrous union.

Through the courtesy of Dr. Gordinier I am permitted to refer to a case which he had the opportunity to examine and make notes on seventeen years ago. Dr. Gordinier's case was that of a married woman forty-two years of age, by occupation a clerk.

Family History. Her father died at sixty-two years of pneumonia; her mother is perfectly well and her scleras are normal. She never has had a fractured bone. No members of immediate family or her grand parents have had blue scleras or suffered from multiple fractures.

Previous History. She had the usual childhood diseases. When three years of age she fell and sustained a fracture of both bones of the right forearm involving the right elbow joint. At seven years of age she broke her left collar bone; this fracture resulted from a most trivial fall backward. At sixteen years of age she broke the lower three ribs of the left side, this accident was the result of a door in her home having been closed suddenly striking her left lower ribs. At twenty years of age, she again broke her ribs in about the position as previously; this accident resulted from a friend pushing her against a high chair. When twenty-two she fell on the side walk and sustained a fracture through the left hip joint. At thirty-five, while jumping from a chair, she was caught by a friend who, by the force of his thumb against a rib on the left side, broke it.

At the age of twenty-three her left tube and ovary were removed by Dr. E. Ferguson. The operation wound remained open and showed no tendency to heal for a period of about nine months. No discharge of pus was present during the above period; the wound appeared indolent and showed no tendency to heal despite the fact that it was stimulated, curetted and skiagraphed. Since the healing she had been well, save for the multiple fractures. She states that she has always been very

To Illustrate Dr. Harvie's Article on "Blue Sclerotics with Brittle Bones."

Albany Medical Annals, May, 1918.



FIG. III

Fracture of ulna near junction of lower with middle third.

loose-jointed and can place her limbs in the most grotesque positions, the joints permitting the most varied and extensive movements of hypertension, flexion, or rotation. Her spine is very lax indeed.

Examination. A short, rather stout well nourished female. The most striking condition noticeable is the sky-blue coloration of the scleras together with a mild degree of exophthalmos. This coloration is made very distinct by contrast with her black eyes. She states that Dr. Gordinier discovered the blue sclerae seventeen years ago and that three years before Dr. Charles White of Boston noticed them and appeared very interested in regard to them. The patient first noticed them when about fourteen years of age.

Heart and arteries: The apex is in normal position; sounds are clear, no murmurs, no accentuations, rhythm normal, rate eighty per minute. The vessel walls are thin, tension fair, easily compressible. The systolic pressure is 135; diastolic, 80. Liver and splenic dulness normal. Kidneys not palpable, no costo-vertebral spasm. Appendix not tender. Pelvic organs not examined.

Lymph nodes: No enlarged lymph nodes are discernible, the thyroid gland is not palpable and there is no rectro-sternal or sub-sternal dulness.

Abdomen universally tympanitic; no herniae. Scar of old incision is present.

Hemoglobin, 85 per cent. (Dare).

Joints: All joints appear normal, no enlargement, great laxity of the joints permitting the most bizarre and varied muscular movements. Muscles rather firm but a remarkable degree of hypotonia exists.

Bones: No tenderness of sternum, ribs or long bones. Marked angular deformity at site of former fractured bones of right forearm. Slight deformity of left ribs and left collar bone at site of old fractures.

Cranial Nerves: Discs and retinae are normal. Visual field normal. No nystagmus. Pupillary reactions intact. Eye balls prominent. Ears are normal. Mentality and speech processes normal. Reflexes. Patella tendon and tendo Achillis jerks lively;

To Illustrate Dr. Harvie's Article on "Blue Sclerotics with Brittle Bones."

Albany Medical Annals, May, 1918.

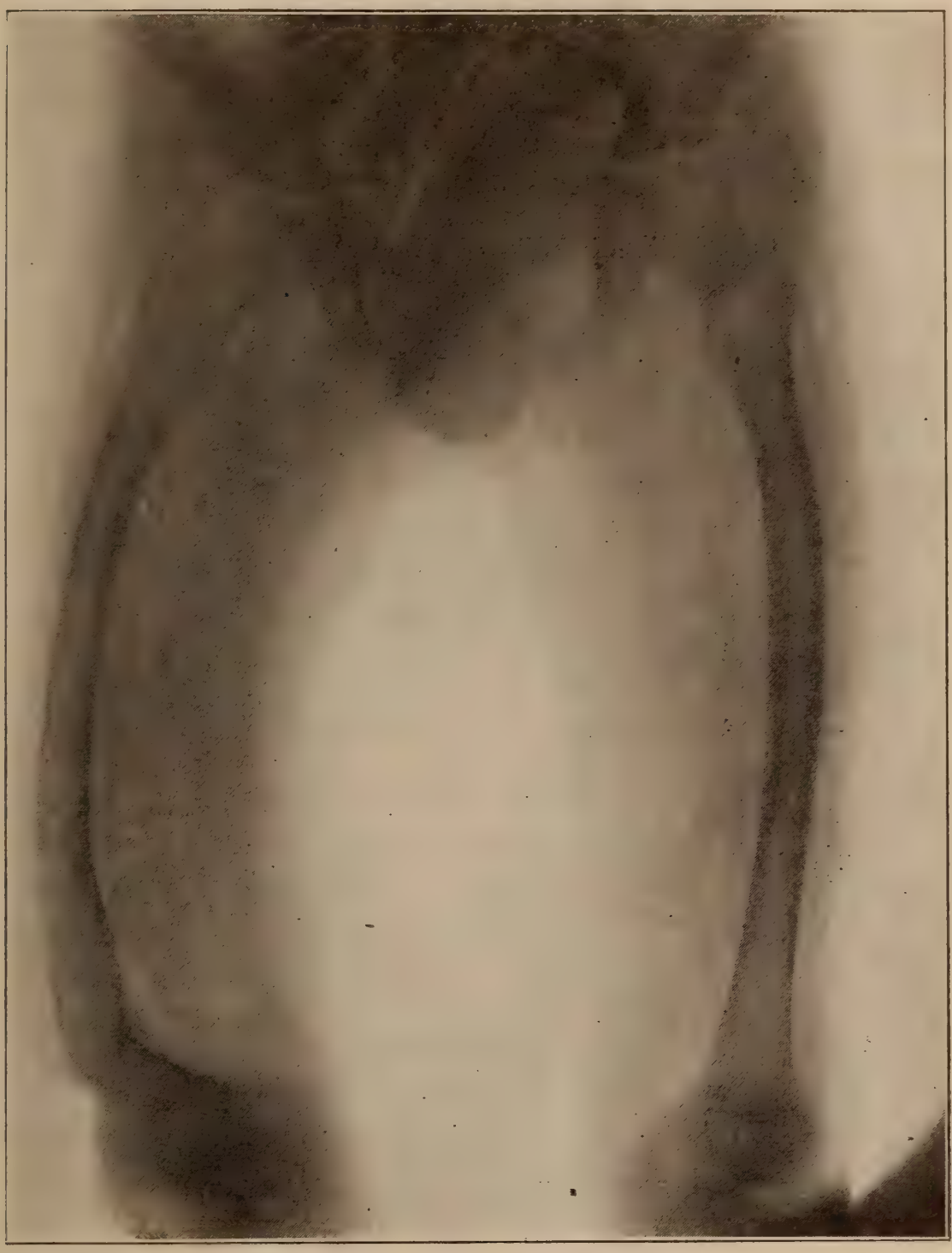


FIG. IV

Bending and marked porosity of both thigh bones. Multiple fractures in left femur.

no Babinski or clonus. Superficial reflexes intact. Sensation universally preserved.

Urine: Amber, acid, sp. gravity 1.018, no albumen, sugar, blood, bile, pus, or casts; no indican.

Literature. Most of the cases have been reported by English ophthalmologists. The condition has been traced through several generations and is distinctly hereditary; that is, the condition is congenital and not acquired. While blue sclerotics are hereditary it is a peculiarity that persons who have brittle bones have blue sclerotics also.

Dr. Charles Herman, on April 5th, 1914, presented before the New York Academy of Medicine, Section of Pediatrics, a child of twenty months, born of healthy parents, with blue scleras and brittle bones. This patient had never made any attempt to stand or walk. The literature on the subject is not particularly wide. In the *Ophthalmoscope* of June, 1915, Sydney Stephenson of London summarized the symptom-complex as including small stature, spontaneous fractures, dislocations and sprains and weakness of fibrous structures throughout the body, including the scleras.

In 1841 Ammon referred to blue sclerotics with backward development of the eye as a whole.

Forty years later Leslie Buchanan described the eyes of a nine year old girl with abnormally thin cornae and scleras containing a small number of fibres and absence of Bowman's membrane.

In 1907 Percival J. Hay described a still-born hydrocephalic child with anomalous scleras.

In 1900 Arthur Eddows first drew attention to the connection between blue sclerotics and brittle bones, and also to the hereditary nature of the scleral condition. H. Burrows had dwelt upon the fact that fragility of bones was inherited only by such members of families as actually showed the blue sclerotics.

F. A. Conlon found by X-Ray examinations of such patients that the long bones showed enlarged medullary canals and clearly defined cortices, all bones showing lack of density and marked atrophy.

In 1908 A. Peters of Rostock found blue sclerotics in four generations of the same family. Afterward, N. Bishop Harmon

added another generation to the same family and noted a great preponderance of females affected: eighty-two per cent, as against forty-four per cent males.

Transmission of scleral peculiarity is shown by statistics to occur usually through affected females in the manner that Batison has called "the knight's move" in heredity.

Behr reports a case of conical cornea with blue sclera showing habitual dislocations.

E. A. Cockayne noted liability of sprains, due probably to weakness and thinness of fibrous structures surrounding joints. He also noted the small physique of such patients.

Congenital opacity of cornea in blue sclerotics has been observed by Peters, Harmon, Conlon and Stephenson.

REFERENCES

American Journal of the Diseases of Children, Vol. IX, 3, p. 205.
Ophthalmoscope, 1912, Vol. X, p. 188.
Ophthalmoscope, 1910, Vol. VIII, p. 330.
Ophthalmoscope, 1900, Vol. II, p. 202.
Boston Medical and Surgical Journal, 1913, Vol. CLXIX, p. 16.
Journal of the American Medical Association, December 5th, Vol. 14, p. 1996.
British Medical Journal, 1911, Vol. II, p. 16.
British Medical Journal, 1910, Vol. II, p. 222.

DISCUSSION

Dr. BERRY: In the case shown by Dr. Winne the sclerotics are blue but not so pronounced a blue as in the case shown by Dr. Harvie. Dr. Winne's case is clinically more like rickets; note the large abdomen, Harrison's grooves and enlarged epiphyses at the wrist. The X-rays of this case show a fracture of both femurs and a fracture of the left humerus.

Several months ago a case of osteogenesis imperfecta associated with blue sclerotics was referred to me for treatment of a fracture of the tibia by Dr. W. A. Leonard of Cambridge, N. Y. Dr. Leonard has already reported this case at an annual meeting of the Washington County Medical Society. This case was a girl aged four. She had always been well and seemed to be a perfectly normal child. She was born with azure blue sclerotics and they have remained so ever since. There was no history of blue sclerotics or fragile bones in the family. Up to date this child has had five fractures; all following slight injuries. The fractures have healed readily. The child has very marked flat feet. The association of flat feet and osteogenesis imperfecta has been noted by other observers.

The literature on osteogenesis imperfecta is most confusing. The condition has been discussed under various other names: for instance, fragilitas ossium, periosteal dysplasia, myeloplastic malacia, idiopathic infantile osteopsathirosis, etc. Originally it was believed that all cases were born dead but Nathan pointed out that some cases live and reach maturity. The tendency for the bones to fracture seems to clear up at puberty but in some cases the tendency persists until adult life. The disease is more common in males than in females. The majority of fractures occur between the second and twelfth year and it has been noted that the later the fractures occur the fewer there will be. The femur is the bone most frequently fractured.

The etiology is not known. Heredity is present in only a certain percentage of cases.

Studies in metabolism show a loss in calcium.

The treatment of these cases is unsatisfactory. Cod liver oil, phosphorus and calcium lactate would seem to be the most efficacious of the various remedies tried.

The presence of blue sclerotics in cases of osteogenesis imperfecta has been explained by a deficiency of fibrous tissue throughout the body. The absence of the fibrous tissue in the bones makes them brittle and the absence of fibrous tissue in the sclera allows the pigment beneath to show through causing the "blue sclerotics." Personally I believe the association of blue sclerotics and osteogenesis imperfecta to be accidental. There are cases of blue sclerotics that do not have brittle bones and there are cases of osteogenesis imperfecta that do not have blue sclerotics.

Dr. WINNE: Dr. Berry has asked me to show this little patient who is on my service at the Child's Hospital. She was admitted shortly after Christmas. I was not acquainted with the condition of brittle bones and blue sclerotics and supposed it was merely a case of anaemia and rickets with marked deformity. I asked Dr. Berry to see her on account of the deformity and he recognized the condition under discussion this evening in addition to the rickets.

The history of the case is very brief. She is two years old this month, her birth was normal and the mother considers that the patient has always been well. She has been artificially fed. She fell out of a chair at Christmas time which may have been the occasion of the breaking of her arm though no attention was paid to it at the time. She is now much better nourished than when she came to us and her color has greatly improved. Her family history is entirely negative as far as the existence of other cases of brittle bones and blue sclerotics is concerned.

PRINCIPLES OF SANITARY PLUMBING AND DRAINAGE OF BUILDINGS.

One of the Course of Lectures in Public Health, Given at the Albany Hospital, March 20, 1918,

By C. A. HOLMQUIST,

Assistant Engineer, Division of Sanitary Engineering, New York State Department of Health.

You have already heard Mr. Horton, Chief Engineer of the State Department of Health, explain in previous lectures how a public water supply may be obtained and purified, and how the sewage resulting from the use of water for domestic purposes may be disposed of in a sanitary manner without the creation of a public nuisance or causing an undue menace to public water supplies that may be taken from streams below the point or points of final discharge. The topic under consideration deals with an intermediate stage in the handling of water used for domestic or household purposes, namely the problem of removing it from the building quickly and completely and without creating objectionable conditions in the house or on the premises. It is evident, therefore, that whereas public water supplies and public sewerage and sewage disposal systems are intimately associated with the question of public health the problem of plumbing and drainage of buildings is more a private matter and has more to do with personal hygiene than either of the other two problems and is only indirectly related to public health. The effect of plumbing systems on personal hygiene can hardly be over-estimated. In order to realize what so-called modern conveniences have done to promote personal cleanliness and to add to the comfort of modern living we have but to compare the conditions in our cities now with those which existed 50 or 60 years ago and which still exist in most rural communities to-day as pointed out by W. C. Groeniger and contrast the modern water closet with the out-door privy; the modern lavatory with the wash bowl, the slop jar; and the modern porcelain or enameled ware bath tub with what has aptly been called the "once-a-week, Saturday night same-water-for-two wooden wash tub."

History of Plumbing and Drainage Systems.

Although we think of plumbing and drainage systems as modern institutions they really date back as far as the Roman Empire. Water closets and drainage systems were found not only in ancient Rome where they are described as being very elaborate, but have also been found in the ruins of Pompeii, which city was destroyed in 79 A. D. That these ancients did not understand even the rudiments of sanitation, however, is shown by the fact that the water closets were usually placed in the kitchens.

With the fall of the Roman Empire came also the discontinuance of the use of water closets and for a long time after that all wastes and filth were thrown out into the streets. As late as the 14th century people in Paris were allowed, provided they gave warning three times, to throw both solid and liquid wastes from their windows into the streets, very often to the discomfort of those passing below and this practice was not prohibited until 1395. It was continued in some of the European cities even later than that. We learn from Hellyer that in Edinburgh as late as 1750 when people went out on the streets at night it was customary, in order to avoid disagreeable accidents from the windows of houses they passed, to take with them a guide who went along and with a loud voice warned residents against throwing sewage out of their windows.

It was not until 1734 in an old book entitled the London Art of Building, that we have the first mention since the fall of the Roman Empire of soil pipes, drains, sewers and a crude type of water closet consisting of a receptacle or pan supplied with water. In 1775 the first patent on a water closet similar to the more recent valve closet was issued in England to a man named Cummings. In 1778 a patent on an improved type of valve closet was issued and somewhat later the so-called pan closet was developed. All of these types of closets were, however, extremely objectionable and insanitary.

Progress Slow

The progress made in improving plumbing and drainage systems and fixtures was slow due largely to lack of a proper understanding of fundamental principles of sanitation. Only 40

or 50 years ago toilet fixtures were usually placed in dark closets lighted by a gas flame or lamp without any means of ventilation other than through the hall or worse the adjoining bed room. The fixtures were of iron, wood or tin and were boxed in wooden enclosures used also for storage of rags, pans, scrubbing brushes and rubbish. Slop sinks into which chamber slops were thrown were usually placed in dark, damp and unventilated closets on the bed room floor. In the darkest corners of the cellar or basement were generally to be found the servants' water closets which were usually cheap iron fixtures. These fixtures were neglected and rarely cleaned and created a nuisance not only in the cellar but sometimes in the entire house. The plumbing system and fixtures either were improperly trapped and ventilated or no means were taken for keeping sewer gas out of the houses. The result was that foul odors usually permeated houses provided with plumbing.

Sewer Gas Scare

Considerable fear was created by what was once a mysterious something called sewer gas which developed into the so-called "sewer-gas" or plumbing scare about 1860. All sorts of diseases were attributed to sewer gas. These theories prevailed during the latter half of the 19th century when sanitarians created a great deal of alarm over sewer gas. A professor of hygiene is quoted as saying that "sewer gas is so subtle that its presence is many times not detected, and yet so laden with the germs of disease that diphtheria, scarlet fever, typhoid fever, and other fatal maladies are the sure event to those who dwell in such air-poisoned houses," i.e., in houses provided with plumbing. At the same time the experiments of Carmichael, Werinch and Miquel led other extremists to scoff at the dangers of sewer gas and, according to J. P. Putnam, to declare that "disease germs could no more escape from sewage than a sausage could jump out of a kettle of water and that the fear of sewer air was altogether irrational."

Result of Early Theories

As a result these various theories led from one extreme of having no traps and ventilation of plumbing systems for the

exclusion of obnoxious odors from dwellings to the other extreme of the development of very complicated systems of plumbing with multitudinous traps and vents. These latter systems were not only costly but in many cases defective inasmuch as they not only increased greatly the number of joints through which leaks might occur but it also led to mistakes in connecting up the pipes giving rise to so-called plumbing by-passes.

Nature of Sewer Gas

It was not until comparatively recently that as the results of experiments, tests and scientific research we learned the real significance of sewer gas and how to deal with it effectively and economically. It was found that air from properly constructed and ventilated sewers does not differ materially from the ordinary city air and contains very few, if any, bacteria. On the other hand, while the foul and obnoxious air given off from old and poorly constructed and improperly maintained sewers and from cesspools and septic tanks may not contain any bacteria, it does contain, in addition to oxygen and nitrogen, gases of decomposition and putrefaction such as carbon dioxide, carbon monoxide, ammonia, sulphuretted hydrogen, marsh gas and others in varying quantities and although these gases in the relatively small quantities found in sewer gas especially when mixed with the air of houses may not be directly detrimental to health we, nevertheless, do not want our homes permeated with them but should take proper and reasonable precaution to exclude them.

Until a few years ago it was thought that in order to obtain this result it was absolutely necessary to provide each fixture trap with a vent pipe connected with a vent stack carried independently through the roof in addition to having local vents regardless of the type of trap on the location of the fixtures with reference to the soil or waste stacks. We have now found that the vent pipes and vent stacks may be omitted if antisiphon traps are used, that is, traps so constructed as not to be drained under ordinary conditions provided the fixture is located near the soil stack and provided also the soil stack is carried through the roof and a fresh air inlet is placed on the house drain.

Recent Developments

Many influences have been at work to bring about changes and improvements in plumbing systems. In addition to experiments carried out by such men as Col. Waring, Paul W. Gerhard and J. P. Putnam one of the most potent factors has been the desire on the part of the people to obtain better living conditions and this desire has been expressed in demands for more effective plumbing regulations in cities with the result that plumbing ordinances have been enacted and put in operation usually under the various local boards of health all over the country. These ordinances, however, differ considerably not only in different states but in different cities in the same State due largely to the lack of supervision by central state authorities there being only two states at present, Ohio and Wisconsin which have state plumbing codes and state plumbing inspectors.

Another factor that has tended to bring about changes and improvements not only in drainage systems but also in fixtures has been the competition of manufacturers and their endeavor to put on the market goods of quality and design superior to those of their competitors.

Modern Systems of Plumbing

Two very efficient and satisfactory types of plumbing on drainage systems have been developed—the two pipe system and the one pipe system. The two pipe system consists of two systems of pipes combined, one for the drainage of the fixtures and the other for the ventilation of the system and the protection of the traps against siphonage and back pressure. The so-called siphon traps are generally used in connection with this system of plumbing. These traps are simple, consisting in general of downward bends in the pipes which when filled with water prevent sewer gas from passing through the fixtures into the rooms. These traps as a rule have relatively small quantities of water in them and small water seals so that the water is easily drawn from them by siphonage unless the traps are properly protected by means of vent pipes.

In this system as well as in the one pipe system it is important

that the main house drain in the cellar or basement should be laid with a slope of not less than 1/4″ to the foot in order that the flow will produce self-cleansing velocities in it and keep it from becoming clogged. The main drain should be provided with a trap to prevent sewer gas from entering the system and each fixture such as sink, water closet, urinal, etc., should be provided with a trap to prevent sewer gas from entering the rooms through the fixtures. Adequate provisions for ventilation should be made in systems of this type by carrying the soil and vent stacks through the roof of the house and providing the main drain with a fresh air inlet.

The one pipe system is a more recent development of plumbing systems. It differs from the two pipe system in that the vent stacks and vent pipes are omitted and each fixture except the water closets is provided with a non-siphon trap. These traps have relatively large quantities of water in them and are so constructed that the water is not easily drawn from them and their seals not broken under ordinary conditions provided the fixtures are placed close to the soil stack, the soil stack is carried through the roof and the house drain is provided with a fresh air inlet. The cost of this system is considerably less than the cost of the two pipe system and from a sanitary point of view is equally satisfactory. It also has the advantage of being more simple than the two pipe system, and is slowly replacing the latter.

Traps

Owing to the important part that traps play in plumbing systems the function and essential features of traps should be understood. As already noted all plumbing fixtures should be provided with traps in order to prevent sewer gas from entering the rooms through the fixtures. The traps should be placed as near the fixtures as possible and they should be so located as to be readily accessible for cleaning. Traps in order to properly perform their function should be simple and durable; they should be self-cleansing and should not materially impede the flow through them. They should be so designed as to resist siphonage and back pressure, and they should be free from movable mechanical devices that would be liable to get out of order.

Although there are a great many kinds of traps, they may for convenience be divided into two general types.

(a) The siphon traps.

(b) The non- or anti-siphon traps.

Siphon Traps. The simplest form of siphon trap is the running trap which consists of a downward bend in the pipe which when filled with water prevents the passage of air through the pipe. There are a number of forms of siphon traps such as the D. trap, the P. trap, the S. trap, including various modifications of them. These kinds of traps are not safe against siphonage unless properly back-vented and should, therefore, not be used in the so-called one pipe system of plumbing.

Non-siphon traps. Non-siphon traps are so constructed that the seal can not be entirely destroyed under ordinary conditions, provided, however, that the soil stack is carried through the roof and a fresh air inlet is provided. The principal objection to this type of trap is that it is not always self-cleansing due to the large body of the trap. They have an advantage in that they are not easily siphoned and the large volume of water in the trap is not quickly evaporated.

There are three general types of non-siphon traps:

(1) Those that have a large body, like drum or bottle trap.

(2) Those that have internal moving parts such as valves and balls of either greater or less specific gravity than the water, like the Cudell trap.

(3) Those that have inside partitions like the Sanitas trap.

The drum trap is the most common form of non-siphon trap. The diameter of the body is usually twice the diameter of the inlet and outlet so that although part of the water may be lost by siphonage enough usually remains to form a seal.

Its area being four times as great as the inlet, a back pressure four times as great will be required to force it as it would to force a running trap of the same depth of seal.

The Cudell trap is one of the oldest forms of non-siphon traps. In addition to the large water chamber it also contains a ball

having a somewhat greater specific gravity than the water which rests upon a seat when the water is not flowing through the trap forming the seal.

The Sanitas trap has an inside partition which deflects water into a side cup when it flows through the traps. This flows back into the trap forming a water seal.

Siphonage of Siphons. There are three ways in which a trap may lose its seal, namely:

(1) by evaporation; (2) momentum; (3) aspiration.

The siphon traps will lose their seals more quickly than most anti-siphon traps owing to the relatively small body of water and to the acceleration of evaporation caused by the circulation of air through the vent pipe.

A siphon trap may lose its seal by momentum or self siphonage. This can be prevented by restricting the outlet to the fixture, by having the trap vented, placing the fixture near the stack and running the waste pipe nearly horizontal so that the outlet is not below the dip in the trap.

If a fixture above discharges a sufficient quantity of water to fill the soil or waste stack a partial vacuum is created in its passage down the stack which will tend to draw out the water from the seal of the trap by a process called aspiration. Although an anti-siphon trap will usually resist siphonage a siphon trap would lose its seal under this condition unless provided with a vent pipe.

Sewer gas may also be admitted to a room through a fixture trap by back pressure. This can not occur, however, if the soil pipe is carried through the roof and if the house drain is provided with a fresh air inlet to relieve the pressure that would be caused by the discharge of a column of water into a soil or waste stack or by gusts of wind from the roof.

Grease Traps

In hotels, restaurants and State Institutions where the wastes are rich in grease, the sinks are usually provided with grease traps for the purpose of intercepting grease and preventing it from entering the draining system and ultimately clogging it by

the congealing of the grease on the sides of the pipes. The most efficient type is the so-called water jacketed grease trap constructed with an outer compartment through which cold water circulates causing the grease to congeal and rise to the top where it may be removed at regular intervals. The capacity of the grease trap is usually twice as great as the greatest amount of water that will be discharged into it at one time, so as to give the wastes time to cool and allow the grease to congeal before it reaches the waste pipe.

Refrigerator Wastes

Another class of wastes that should always receive special arrangement of piping is the refrigerator wastes. The waste pipe from a refrigerator in which foods are kept should never be connected directly with the waste or soil pipes but should be discharged into an open sink provided with a trap in order to prevent sewer gas from passing into the refrigerator if the trap should lose its seal due either to siphonage or evaporation.

Water Closets

Although there has been improvement in the design and construction of all plumbing fixtures the water closets have shown the most marked improvements, as will be seen by the following illustrations which show the gradual development of these fixtures.

Pan Closet. The pan closet is an obsolete type of closet provided with a pan held in place by a counter-weight operated by a handle which also operates the flush valve and discharges the contents of the pan into a large D trap under the floor. There were a number of objections to this type of closet. The parts were made of iron and were difficult to clean and to maintain in a cleanly condition. Not only the pan but also the container which receives no flush became foul and the large D trap under the closets acted as a receptacle for the accumulation of solids. A puff of foul air was discharged into the room each time the pan was tilted and foul air also escaped through the hole through which the spindle operated. The mechanism was also apt to get out of order and make its operation defective.

Valve Closet. This closet although an improvement on the pan closet in that it had a flushing rim, a larger water surface and deeper water seal, had a number of objectionable features and all modern plumbing codes prohibit their use. Instead of being closed by a pan the receiving bowl was closed by a valve held in place by a counter weight. The valve with long use became worn and leaky allowing the water to escape. The trap was not always flushed out properly giving rise to accumulations of solids.

Plunger Closets. Although this closet is a slight improvement over the other two, it is also prohibited by most plumbing codes. The principal objections are that the plunger chamber is liable to become foul, paper may become fastened to the seat of plunger allowing the water to leak out of the bowl. The valve is not always reliable.

Hopper Closet. This closet is also objectionable owing to the liability of the sides of the hopper becoming soiled. Long hopper closets are sometimes used when placed in unheated places to prevent freezing. In these cases the trap should be below the frost line.

Wash-out Closets. This closet is superior to the preceding closets in that it is made in one piece, is free from moving parts and is usually made of noncorrosive and nonabsorbent material. It is objectionable in having a small water surface and a shallow pool of water so that the closet is easily soiled and the excreta is not submerged and deodorized. It can not be flushed effectively and is noisy in operation. The force of the flush water is lost before the trap is reached so that solids usually accumulate in the trap giving rise to objectionable odors. Closets of this type are also prohibited by most modern plumbing codes.

Wash-down Closets. The wash-down closet is an improvement of the wash-out closet in that it is more effectively flushed. It is, however, noisy in operation and the flush has not always sufficient energy to drive the contents out of the bowl through the trap. It is difficult to flush a closet of this type effectively unless the tank or cistern is located several feet above the fixture.

Siphon Closet. The unsatisfactory operation of the closets referred to gave rise to scientific study and experiments and led to

the application of the siphon principle to the flushing of closets which was found to be very effective. The siphon closet represents a great advance in closet construction and is the result of the application of the principle of siphon action to the wash-down closet. The outlet is supplied with a horizontal leg having a restricted area so that when the closet is flushed the outlet leg is completely filled with water and the unbalanced atmospheric pressure on the water surface above forces the contents out with a rush thoroughly scouring out the exposed surfaces. The action of this type is almost noiseless.

Siphon Jet. In this closet the jet is added to help quickly expel the water from the bowl by overcoming the inertia of the water. The last two closets are the most sanitary and satisfactory known.

There are eight points to be observed in plumbing installation, viz.:

(1) System should be simple, compact, easily accessible for cleaning, inspection and repair.

(2) It should be properly proportioned and so designed as to make it self-cleansing.

(3) System should be properly trapped and ventilated. Each fixture should be provided with a trap.

(4) System should be gas and water tight.

(5) System should be free from movable mechanical devices which would be liable to get out of order.

(6) Fixtures should be made of noncorrosive and nonabsorbent material, and free from movable mechanical devices.

(7) Fixtures should be located in well ventilated and lighted rooms and should be set in the open.

(8) An adequate supply of water to properly and thoroughly flush fixtures and drainage system should be provided.

Editorial

> So the lawyer who pleads, the soldier who fights, the physician who prescribes, the clergyman—if such there be—who preaches, without any zeal for his profession, or without any sense of its dignity, and merely on account of the fee, pay, or stipend, degrade themselves to the rank of sordid mechanics. Accordingly, in the case of two of the learned faculties at least, their services are considered as unappreciable, and are acknowledged, not by any exact estimate of the services rendered, but by a *honorarium,* or voluntary acknowledgment. But let a client or patient make the experiment of omitting this little ceremony of the *honorarium,* which is *censé* to be a thing entirely out of consideration between them, and mark how the learned gentleman will look upon his case.
>
> *The Fortunes of Nigel.* SIR WALTER SCOTT

✢ ✣ ✢

Edward Gamaliel Janeway

Too bad there is not more of Dr. Janeway in the literature. He was disinclined to write, or, indeed, in any way, to promote personal publicity. He was absorbed in his work, which was the diagnosis and relief of disease. Those who witnessed his examination of a patient marveled at the directness with which he reached his conclusions. The incidental symptoms seemed to be ignored, or were so quickly brushed aside as to lose character, and the essential diagnostic group was arranged with exactness and celerity. The results stated, the doctor subsided into a diffident, modest, unassuming person, whose thoughts and interest seemed elsewhere. It was the mental make-up of absorption in one pursuit. It might be called genius, but was too practical in its effects for the limitations of that designation. The story is told of a young clergyman, who grasped the opportunity of a few moments in Phillips Brooks' library to scan the books, to ascertain whence the great divine received his inspiration. He failed and exclaimed that it must reside in the Bishop himself! And Dr. Janeway's almost uncanny precision must be regarded as a personal attribute. He seldom referred to the "authorities." One of his professional friends ascribed his acumen to a retentive memory and a broad

experience. When asked for his reasons he had said "I have seen a case like it." His taciturnity and his appearance bespoke the so-called "old-fashioned practitioner," who is now become a tradition, generally of rural communities. But his conservatism did not stand for ignorance or doubt.

Dr. Clark's "Recollections" are a personal tribute.* He was near to his hero, and witnessed the home life and the moments of relaxation. He thus gained insight into the underlying character, and he knew the spirit of kindliness, of uprightness and of sympathy which the world could not see. Impatience with sham greeted the medical politician, and with unreality, the neurasthenic, who revealed "the unhappy results of that conflict in the sub-conscious self between the natural order of life and the socially ordered life." Here lay the key: sincerity and single-mindedness.

It is probably just as well that we have no longer biography of Dr. Janeway. Exercising the privilege of a broad use of the word, we might describe Dr. Clark's tribute as an exegesis of character. As such it should prove an inspiration.

"To those whose minds can grasp the general disorder in which we try to live—the moral indirection of our everyday endeavor to get somewhere, this day toward a gilded goal, to-morrow toward the promise of fame, the day after seeking applause for our benevolence, or one after one thing, another after another thing, and hardly any one after anything that counts—it is to these that this man's unaffected, unselfish, upbuilding life must come as a strong and refreshing draught of reality.

"A life worth knowing about for those with ideals; a life to study for those who are sincere; a life with a lesson for every student of medicine."

Edward Gamaliel Janeway was born in New Brunswick, New Jersey, August 31, 1841. He was graduated from Rutgers College in 1860, receiving the degree of B. A. and M. A. from that institution. In 1864 he was graduated from the College of Physicians and Surgeons in New

* *Some Personal Recollections of Dr. Janeway.* By James Bayard Clark. G. P. Putnam's Sons, New York and London, The Knickerbocker Press, 1917.

York, receiving the degree of M. D. Later in life, the degree of LL. D. was conferred upon him, by Rutgers in 1898, by Columbia in 1904, and by Princeton in 1907. While in the medical school in the years 1862 and 1863, he was made acting medical cadet in the United States Army hospitals at Newark, New Jersey.

He began to practice medicine in New York City where he continued and ended his professional career. In 1869, he became professor of pathology and practical anatomy in Bellevue Hospital Medical College, continuing in that capacity until 1876. From 1868 to 1871 he was visiting physician to Charity Hospital. In 1871 he became visiting physician to Bellevue Hospital where he remained for many years and where, in the pathological department, he won such distinction. He later became visiting and consulting physician to other hospitals in the city.

In 1874 he was vice-president of the New York Pathological Society. From 1875 till 1882, he was health commissioner of New York. In 1876 he was president of the New York Medical Journal Association. His principal contributions to medical literature appear in the medical journals of New York.

He was president of the Academy of Medicine in 1897 and 1898 and a trustee from 1899 until 1903.

He died in Summit, New Jersey, on February 10, 1911.

Public Health

Edited by Arthur Sautter, M. D.

Department of Public Safety, Bureau of Health, Albany, N. Y.

Bureau of Vital Statistics.

Compiled by William F. Fullgraff, Registrar.

Deaths for the Month of March, 1918.

Consumption	26	Bright's Disease	17
Typhoid Fever	1	Apoplexy	9
Scarlet Fever	0	Cancer	14
Measles	0	Accidents and Violence	10
Whooping Cough	0	Deaths under 1 year	23
Grippe	2	Deaths over 70 years	36
Diarrheal Diseases	5	Death rate	21.33
Diphtheria and Croup	2	Death rate less non-residents	17.96
Pneumonia	15		
Broncho Pneumonia	16		

Deaths in Institutions.

	Non-res.	Res.		Non-res.	Res.
Albany Hospital	15	13	County Hospital	3	5
Albany Hospital Camp.	3	7	Dominican Convent ...	0	1
St. Peters Hospital	1	9	St. Margaret's House ..	0	1
Homeopathic Hospital	2	8	Albany Co. Penitentiary	1	0
Public Places	1	4	Home for the Aged....	0	1
Federation of Labor Camp	0	1	Maternity Hospital	1	9
Hospital for Incurables	0	1		28	60
Child's Hospital	1	0			
Births		209	Still births		6

DIVISION OF COMMUNICABLE DISEASE.

Typhoid Fever	7	Pneumonia	3
Scarlet Fever	7	Mumps	49
Diphtheria and Croup	16	Epidemic Cerebro - Spinal Meningitis	8
Chickenpox	41	Trachoma	1
Smallpox	0	Septic Sore Throat	0
Measles	71		
German Measles	145		
Whooping-cough	41		433
Tuberculosis	44		

Number of days quarantine for scarlet fever:
Longest.....31 Shortest.....30 Average.....30 1/3
Number of days quarantine for diphtheria:
Longest.....27 Shortest.....11 Average.....18 4/5
Fumigations: Rooms.....213 Buildings.....78
Milk bottles disinfected 450

Communicable Disease in Relation to Schools.

	Reported D.	S.F.	M.
Public School No. 1	1		
Public School No. 6		1	
Public School No. 7			1
Public School No. 8		1	
Public School No. 14		1	
Public School No. 16		1	
Public School No. 17			1
Public School No. 18			1
Public School No. 22			1
Public School No. 24		1	
Vincentian Institute	8		20
St. Casimir's School			2

N. Y. S. College for Teachers			11
Albany Female Academy			1
Albany Business College			8
Lady of Angels School	1	1	3

Nurse's Report.

TUBERCULOSIS.

Living cases on record March 1, 1918		822
Cases reported:		
By card	36	
Dead cases by certificate	8	44
		866
Dead cases previously reported	23	
Dead cases not previously reported	8	
Removed	2	33
Living cases on record April 1, 1918		833
Total tuberculosis death certificates		31
Non-resident deaths:		
Albany Hospital Camp	3	
St. Margaret's House	1	
Albany Hospital	1	5
Resident deaths		26

LABORATORY REPORT.

Diphtheria.

Initial Positive	14	Unsatisfactory	37
Initial Negative	179		
Release Positive	66	Total	530
Release Negative	234		

Sputum for Tuberculosis.

Positive	41	Unsatisfactory	3
Negative	139	Total	183

Widals.

Positive	5	Suspicious	2
Negative	41		
Unsatisfactory	3	Total	51

Cultures for Meningococcus.

Positive	2	Negative	17
		Total	19

Spinal Fluids.

Positive	1	Negative	6
		Total	7
Wassermann tests	108	Pleural fluid for tuberculosis	1
Milk analyses	48	Miscellaneous	2
Water analysis	0		

Division of Sanitation.

Complaints made	68	Filthy premises	11
Privy vaults	0	Manure	1
Closets	6	Chickens	4
Drain	4	Dog	1
Plumbing	13	Garbage	5
Water	13	Smoke	3
Filthy yard	1	Unclassified	1
Filthy cellars	2		
Filthy lots	3		
Inspections	62	Reinspections	124
Plumbing	33	Plumbing	70
Sanitary	29	Sanitary	54

HEARINGS.

Hearings	6	Cases heard	11

Class of Cases.

Plumbing	7	Filthy premises	2
Wells	2		

Disposition of Cases.

Abated	2	Reinspection	9

DIVISION OF PLUMBING, DRAINAGE AND VENTILATION.

Inspections	102	Permits issued	85
Old houses	66	Plumbing	83
New houses	36	Building	2
Iron drains	25	Plans submitted	6
Connection street sewers	2	Old buildings	0
Tile drains	4	New buildings	6
Urinals	16	Houses tested	7
Cesspools	18	Peppermint	1
Wash basins	42	Water test	6
Sinks	20	Houses examined	38
Bath tubs	9	Re-examined	118
Washtrays	8	Valid	28
Tank Closets	65	Without cause	10
Slop Hoppers	9		

REPORT OF REMOVAL OF DEAD ANIMALS.

Horses removed	27	Cats removed	193
Dogs removed	231		
		Total	451

DIVISION OF MARKETS AND MILK.

Public market inspections	25	Fat tests	74
Milk depots inspected	12	Sediment tests	32
Stores inspected	84	Chemical tests	16
Cans inspected	778	Bacterial counts	57
Lactometer readings	20	Special bacterial examinations	3
Temperature readings	20		

MISCELLANEOUS.

Cards posted for communicable disease	81	Postal card returns received from doctors	55
Cards removed	55	Inspections and reinspections	248
Notices served on schools	383	Employment certificates issued to children	22
Notices served on factories and stores	12	Vaccinations	21
Postal card returns sent to doctors	81	Cases assigned to health physicians	97
		Calls made	180
Garbage collected from 1st District	137 bbls.	District	167 bbls.
Garbage collected from 2nd		Garbage collected from 3rd District	173 bbls.

Medical News

THE ALBANY GUILD FOR THE CARE OF THE SICK.

REPORT FOR MONTH OF MARCH, 1918.

Number of new cases during month	181
Classified as follows:	
Dispensary patients receiving home care	9
District cases reported by health physicians	3
Charity cases reported by other physicians (7 prenatal)	22
Moderate income patients (4 prenatal)	61
Metropolitan patients (2 prenatal)	78
Social (1 prenatal)	8
Old cases still under treatment	73
Total number of cases under nursing care during month	254

Classification of diseases for the new cases.

Social	5
Medical	41

Surgical	7
Gynecological	5
Obstetrical under professional care:	
Mothers	21
Infants	30
Prenatal	34
Eye and Ear	9
Skin	1
Throat and Nose	1
Dental	0
Infectious diseases in the medical list	26
Infectious diseases in the surgical list	1

DISPOSITION.

S. S. Pts. disch'd.	7
Removed to hospitals	12
Deaths	2
Discharged cured	73
Discharged improved	56
Discharged unimproved	20
Number of patients still remaining under care	84

SPECIAL OBSTETRICAL DEPARTMENT.

Number of obstetricians in charge of cases	2
Number of students in attendance	2
Number of nurses in attendance	3
Number of patients carried over from last month	2
Number of new patients during month	7
Number of patients discharged	7
Number of visits by Head Obstetrician	0
Number of visits by the attending obstetrician	27
Number of visits by students	51
Number of visits by nurses	70
Total number of visits for this department	148

VISITS OF NURSES (*all departments*).

Number of visits with nursing treatment		936
P. P.	731	
Ch.	205	
For professional supervision of convalescents		191
S.	62	
T. B.	94	
Oas.	35	
Total number of visits		1609
Hours at dispensary		304¼
Hours on Conf.		85½

Cases reported to the Guild by 2 health physicians, and 26 other physicians:

Graduate nurses	7
Pupil nurses	1 on duty.
Certified	1
Substitute	1

DISPENSARY REPORT.

Number of clinics held	80
Number of new patients	134
Number of old patients	572
Total number of patients treated during month	706

Classification of Clinics held.

Surgical	7
Nose and Throat	8
Eye and Ear	17
Skin and G. U.	4
Medical	8
Prenatal	4
Lung	8
Dental	0
Nervous	4
Stomach	4
Children	8
Gynecological	8

FLORENCE FREEMAN, *Superintendent.*

UNITED STATES CIVIL-SERVICE EXAMINATION.—The United States Civil Service Commission announces an open competitive examination for acting assistant surgeon, for women only. Vacancies in the Public Health Service, at salaries ranging from $1,800 to $2,500 a year, and in positions requiring similar qualifications, at these or higher or lower salaries, will be filled from this examination, unless it is found in the interest of the service to fill any vacancy by reinstatement, transfer, or promotion. Certification to fill the higher-salaried positions will be made from those attaining the highest average percentages in the examination.

In filling vacancies in this position certification will be made of the highest eligibles residing nearest the vicinty of the place at which the appointee is to be employed, except that upon the request of the Department certification will be made of the highest eligibles on the register for the entire country who have expressed willingness to accept appointment where the vacancy exists.

Appointees to certain positions will be expected to make physical examination of female workers and immigrants, conduct sanitary surveys, and perform other duties of routine character.

Competitors will not be required to report for examination at any

place, but will be rated on the following subjects, which will have the relative weights indicated:

	Subjects.	*Weights.*
1.	Physical ability	10
2.	Education, training, and experience	90
	Total	100

Under the second subject competitors will be rated upon the sworn statements in their applications and upon corroborative evidence adduced by the Commission.

Applicants must have graduated from a medical school of recognized standing, and must show that they have had experience which has rendered them proficient in infant welfare work, school and community hygiene, and analogous problems.

Applicants must have reached their twenty-first but not their forty-fifth birthday on the date of the examination.

Applicants must submit with their applications their photographs, taken within two years. Tin-types or proofs will not be accepted.

The medical certificate in the application form must be executed by an officer of the Public Health Service, except that when this requirement would work a hardship upon an applicant because of her distance from such officer she may have the certificate executed by any physician. In this event, however, she may be required to pass a physical examination before an officer of the Public Health Service before appointment.

This examination is open to all female citizens of the United States who meet the requirements.

Applicants should at once apply for Form 1312, stating the title of the examination desired, to the Civil Service Commission, Washington, D. C.; the Secretary of the United States Civil Service Board, Customhouse, Boston, Mass., New York, N. Y., New Orleans, La., Honolulu, Hawaii; Post Office, Philadelphia, Pa., Atlanta, Ga., Cincinnati, Ohio, Chicago, Ill., St. Paul, Minn., Seattle, Wash., San Francisco, Cal.; Old Customhouse, St. Louis, Mo., Administration Building, Balboa Heights, Canal Zone; or to the Chairman of the Porto Rican Civil Service Commission, San Juan, P. R.

Applications should be properly executed, excluding the county officers' certificate, and must be filed with the Civil Service Commission, Washington, D. C., prior to the hour of closing business on May 21, 1918.

Medical Reserve Corps.—The Major General of the Army issues the following appeal:

1. I wish to call to the attention of the profession at large the urgent need of additional medical officers. As the war progresses the need for additional officers becomes each day more and more apparent. Although the medical profession of the country has responded as has no other

profession, future response must be greater and greater. The Department has almost reached the limit of medical officers available for assignment.

2. I am, therefore, appealing to you to bring to the attention of the profession at large the necessity for additional volunteers. So far the United States has been involved only in the preparatory phase of this war. We are now about to enter upon the active, or the fighting phase, a phase which will make enormous demands upon the resources of the country. The conservation of these resources, especially that of manpower depends entirely upon an adequate medical service. The morning papers publish a statement that by the end of the year a million and a half men will be in France. Fifteen thousand medical officers will be required for that army alone. There are today on active duty 15,174 officers of the Medical Reserve Corps.

3. Within the next two or three months the second draft will be made, to be followed by other drafts, each of which will require its proportionate number of medical officers. There are at this time on the available list of the Reserve Corps, an insufficient number of officers to meet the demands of this draft.

4. I cannot emphasize too strongly the supreme demand for medical officers. Will you give the Department your assistance in obtaining these officers? It is not now a question of a few hundred medical men volunteering for service, but it is a question of the mobilization of the profession that in the large centers of population and at other convenient points as well as at all Army camps and cantonments, boards of officers have been convened for the purpose of examining candidates for commission in the Medical Reserve Corps of the Army. An applicant for the Reserve should apply to the board nearest his home.

5. The requirements for commission in the Medical Reserve Corps are that the applicant be a male citizen of the United States, a graduate of reputable school of medicine, authorized to confer the degree of M. D., between the ages of 22 and 55 years of age, and professionally, morally and physically qualified for service.

Notification of Communicable Diseases.—The Surgeon General of the Public Health Service issues the following request:

It is important for the protection of the health of the troops in camps that every community, no matter how small, report the presence of all communicable diseases, especially if present in epidemic proportions. Selected and enlisted men in traveling may be exposed to such diseases and carry them into camp.

It is obvious that disease reporting depends primarily upon the doctors. In this great war thousands of doctors have joined the colors. Surely those who have not could serve their country in this respect by reporting at once all cases of communicable diseases occurring in their

practice to the proper health authorities. Where the emergency seems to warrant such action the reports should be made by telephone or telegraph.

In cases of communicable diseases where a selected or enlisted man has been so exposed as to be a serious menace to the camp or post to which he is about to go, it is especially desirable that the attending physician take immediate action to prevent such menace.

For this purpose the following plan of action is suggested by the United States Public Health Service after a conference with Army sanitary authorities:

1. The physician should make an immediate report to the local health authorities who should notify (by telephone or telegraph if necessary) the Senior Medical Officer of the camp or post to which the selected man or soldier may become a menace. A duplicate notification should be made by the local authorities to the State health authorities.

2. If there be no local health authority having jurisdiction, the physician should notify (by telephone or telegraph if necessary) the State health officer who should notify (by telephone or telegraph if necessary) the Senior Medical Officer of the camp or post to which the selected man or soldier is about to go.

3. The notification should be explicit, giving name of selected man or soldier and other identification data together with his address and the nature of the disease.

4. The notification of the Senior Medical Officer of the Camp or Post by the local or State health authorities should be in addition to the present procedure in such cases.

The Medical Library Association of Brooklyn announces that the Executive Committee has decided, in view of present conditions and the difficulties of travel, to omit the Annual Meeting this year.

Medical Service of the Army and Navy.—Dr. Theobald F. Doescher (A. M. C. '96), commissioned as lieutenant in the Medical Reserve Corps, has received orders to report at Camp Dix, Wrightstown, N. J., where he will be attached to a newly formed base hospital.

—Dr. Joseph G. Coleman (A. M. C. '97), commissioned as first lieutenant in the Medical Reserve Corps is on duty at Langley Field, Hampton, Virginia, with the Aviation Section, Signal Corps, U. S. A.

—Dr. Charles F. Kivlin (A. M. C. '98), of Troy, N. Y., with rank of captain in the Medical Reserve Corps, has been assigned for study to the Rockefeller Institute for Medical Research, New York City.

—Dr. Nathan D. Garnsey (A. M. C. '91), of Kinderhook, N. Y., who has been home on leave of absence has been recalled to active service and assigned to duty at Governor's Island, N. Y.

—Dr. Daniel F. Hannon (A. M. C. '17), of Ptttsfield, Mass., commissioned as 1st lieutenant in the Medical Reserve Corps, has received orders to report to Camp Greenleaf, Fort Oglethorpe, Ga.

—Dr. Raymond Francis Kircher (A. M. C. '17) of Albany, N. Y., commissioned as 1st lieutenant in the Medical Reserve Corps, is on duty at Camp Jackson, Columbia, S. C.

—Dr. Ivan M. Schneible (A. M. C. '17), of Albany, N. Y., commissioned as 1st lieutenant in the Medical Reserve Corps, is on duty at Camp Greenleaf, Fort Oglethorpe, Georgia.

—Dr. Byron E. Chapman (A. M. C. '17), of Broadalbin, N. Y., commissioned as 1st lieutenant in the Medical Reserve Corps, is on duty at Camp Greenleaf, Fort Oglethorpe, Georgia.

—Dr. Stanley E. Alderson (A. M. C. '17), of Cohoes, N. Y., commissioned as 1st lieutenant in the Medical Reserve Corps, is on duty with the Metropolitan Base Hospital Unit, New York City.

—Dr. Leon C. Cote (A. M. C. '17), of Lake George, N. Y., commissioned as 1st lieutenant in the Medical Reserve Corps, is on duty at Camp Custer, Battle Creek, Michigan.

—Dr. Robert A. MacTaggart (A. M. C. '17) of Schenectady, N. Y., commissioned as 1st lieutenant in the Medical Reserve Corps, is on duty with the American Expeditionary Forces in France.

—Dr. Wallace J. C. Aubrey (A. M. C. '10) of Cohoes, recently appointed captain in the Officers' Medical Reserve Corps, has been ordered to report for duty at Camp Oglethorpe, Georgia, for training. Dr. Aubrey is one of the city physicians named shortly after the first of the year by Major Foley.

—Dr. Arthur Holding (A. M. C. '01) of New York, formerly of this city, has received a commission as captain in the regular army. Dr. Holding is a graduate of the Albany High school and the Albany Medical college and was formerly a member of Troop B. A few years ago he left Albany to take up special X-ray work in New York hospitals. He is responsible for several improvements in X-ray apparatus and has recently perfected a machine adapted to field work. He expects to sail for France about May 1.

Captain Papen Named Medical Board Member.—Captain George W. Papen, Jr., of Albany, was recently named a member of the board of medical officers by Major General John F. O'Ryan to conduct the physical examinations of all candidates for commissions at the officers' training school. The other members of the board are Robert J. Reynolds and First Lieutenant Luther K. Rice.

Captain Papen is a member of the Second Field Hospital. He went with that unit when it was called to duty on the Mexican border

Promotion of Major Von Schrader.—Dr. Alleyne Von Schrader, commanding officer of the Albany Base Hospital Unit 33 has been promoted from major to lieutenant colonel in the regular army. Lieutenant Colonel Von Schrader was assigned to duty in Albany last December with an army record of eight years. He graduated from Washington University, St. Louis, in 1909 and attended the Army Medical School in Washington in 1911 and later served in the Lederman General Hospital in San Francisco. He has been in service in Alaska and at Fort Sheridan, Ill. He was operating surgeon on the Pershing staff during the punitive expedition into Mexico in 1916. He completed his last assignment of duty at the camp hospital in Syracuse last summer.

Lieutenant John T. H. Hogan of Troy, attached to the United States Medical Corps in France, sustained a slight fracture of the hip when his horse became frightened and ran away with him. In letters dated March 18 and 19 he stated that he was in a hospital, where he expected to remain for some time. He wrote that he was in no danger, as his injury had been subjected to an X-ray process and his speedy recovery was anticipated. In the hospital where he is located is a full American staff, which makes matters all the more comfortable for him. Lieutenant Hogan says that just before he met with his accident he was in a station where German shells were falling on every side of him.

In Memoriam

Thomas H. Chambers, M. D.

Dr. Thomas H. Chambers graduated from the Albany Medical College in 1855 and commenced the practice of medicine in Bloomington, Grant County, Wisconsin. After a successful practice here of thirty years he moved in 1890 on account of rheumatism to Georgiana, Brevard County, Florida, where free from rheumatism he practiced his profession as long as he lived. He died at the Hospital in Dayton, Florida, in June, 1917, 84 years of age.

Charles Fourier Scattergood, M. D.

Dr. Charles Fourier Scattergood, an alumnus of the class of 1868 of the Albany Medical College, died at his home, 65 North Pearl Street, Albany, on April 1, 1918, after an illness of two years. Dr. Scattergood was born in Pike's County, Pennsylvania, and was brought to Albany by his parents when he was one year of age and resided in Albany for seventy-three years. He received his preliminary education in the public schools. He never engaged in general practice but specialized in chiropody, having had his office in the same place since he began practice. He was local chairman of the National Society of Chiropodists and a charter member and treasurer of the Albany Division of the State Pedic Society. He is survived by his wife and a daughter, Mrs. Leonard Anderson of Rochester, N. Y.

Current Medical Literature

NEW YORK STATE MEDICAL LIBRARY.

Edited by Miss Frances K. Ray.

RECENT ACCESSIONS.

American medical association. Section on ophthalmology. Transactions. 68th session. 1917.

American medical association. Section on laryngology, otology and rhinology. Transactions. 68th session. 1917.

Armeilla, Manuel des soins d'urgence à donner aux malades. 1914.

Autenrieth, Wilhelm. Detection of poisons and strong drugs; translated from 3d Ger. ed. by W. H. Warren. 1905.

Bethea, O. W. Practical materia medica and prescription writing; 2d ed. 1917.

Bland-Sutton, John. Tumors, innocent and malignant. 1917.

Bramwell, Byrom. Anaemia. 1900.

Celli, Angelo. Malaria; translated from 2d Italian ed. by J. J. Eyre. 1900.

Charaka Club. Proceedings. v. 1-2, 1902-06.

Conn, H. W. Bacteria in milk and its products. 1903.

Currier, C. G. Outlines of practical hygiene; 6th ed. 1910.

Dunn, C. H. Pediatrics. v. 3. 1917.

Forchheimer, Frederick. Therapeusis of internal diseases; Supplement. 1917.

Green, S. A. Centennial address delivered June 7, 1881, before the Massachusetts medical society. 1881.

Hoffman, F. L. Statistical data of the Johns Hopkins hospital, Baltimore, Md. 1892-1911. (Monog. n. s. No. 4, 1913).

International clinics, ser. 28, v. 1, 1917.

Jackson, D. E. Experimental pharmacology. 1917.

Jones, Robert. Notes on military orthopaedics. 1917.

King, D. MacD. Battle with tuberculosis and how to win it. 1917.

Latham, Arthur. Diagnosis and modern treatment of pulmonary consumption. 1907.

Lorand, A. Building human intelligence. 1918.

MacCollum, E. V. Organic chemistry for students of medicine and biology. 1916.

MacNutt, J. S. Modern milk problem in sanitation. 1917.

Moorhead, J. J. Traumatic surgery. 1917.

Pottenger, F. M. Clinical tuberculosis. 2v. 1917.

Race, Joseph. Examination of milk for public health purposes. 1918.

Ramaley, Francis and Giffin, C. E. Prevention and control of disease. 1913.

Rideal, Samuel. Disinfection and the preservation of food. 1903.

Rosenau, M. J. Disinfection and disinfectants. 1902.

Rostoski, O. Manual of serum diagnosis; tr. by Charles Bolduan. 1904.

VOL. XXXIX JUNE, 1918 No. 6

ALBANY MEDICAL ANNALS

REPORT
ON THE
Albany Hospital and Medical College
BASE UNIT No. 33
1917-1918

FOREWORD

IMMEDIATELY after the United States declared war upon Germany in April, 1917, the Governors of the Albany Hospital volunteered the services of the hospital for the formation of a Base Hospital Unit for service abroad. This offer was accepted by the American Red Cross under whose auspices base hospital units were organized. To this unit was given the name of the Albany Hospital and Medical School Base Unit No. 33. The Director was appointed by the Red Cross authorities in Washington, and in May, 1917 the active work of organization began. It was at first believed that $25,000 in cash and the equivalent of $8,000 in dressings would equip such a base hospital, but it soon became evident that this sum was scarcely more than one quarter the amount that would be needed. The Albany Hospital guaranteed the $25,000 and the Chapters of the American Red Cross readily volunteered to furnish the required dressings. Through the generosity of a number of corporations and private individuals, the amount of money necessary to furnish the complete equipment (about $100,000) was secured and the necessary purchases made.

A staff of twenty-four physicians and surgeons was organized and 152 men were enlisted. The physicians and surgeons were carefully selected from a very large number of applicants with a view of their individual excellence and the formation of an effective team. The enlisted men were carefully selected from five hundred

or six hundred applicants, especial care being taken to see that all the essential arts and trades should be represented so that the Unit as a whole would represent a self-sustaining community. Medical students were not allowed to enlist, but were urged to continue their studies in order that they might supply the deficiency of physicians which now exists and which will increase as the war goes on.

Considerable difficulty was encountered in securing the necessary complement of nurses, sixty-five, but the full quota was eventually enrolled, as well as six civilians to act as stenographers, dietitian, laboratory assistants, and registrar.

On August 23, 1917, the American Red Cross certified to the War Department that Base Hospital No. 33 was ready for service. The organization was turned over to the Department of the Surgeon General, under whose command it has since been.

Every possible effort was made to secure the most modern and useful equipment available to care for 500 patients and easily capable of expansion to care for 1,000 patients. The details of this equipment will appear in another part of the report.

The enlisted men were mobilized into active service at Troop B Armory on November 19, 1917, under the Commanding Officer, a major of the regular army medical corps.

The active training of the enlisted personnel and later of the officers was carried out at the Armory and the Albany Hospital during November, December, January, February and March. Every effort was made not only to train the men as soldiers, but especially to train them in the care of the sick and wounded and the general routine of the work they will be called upon to perform in active service in France. The Albany Hospital furnished superb facilities for such training and every man became acquainted with all the essential details of his prospective work. Thus it will be seen that no pains have been spared to make of this Unit the most efficient organization possible, both as to personnel and equipment, and it is hoped that the service it will render in the field in France will justify the confidence and assistance of those many loyal friends and supporters who have made its organization possible.

ARTHUR W. ELTING, *Director*,
Major, Medical Reserve Corps

At the request of the Director, a committee composed of Mr. Edmund N. Huyck, Mr. Robert Olcott and Dr. Thomas Ordway have consented to verify the accounts and to prepare and publish the following report:

STATEMENT OF COMMITTEE

In complying with the request of Major Elting that we assist in the preparation and publication of this report, we feel justified (even at the risk of his disapproval) in adding to his foreword the following statement:

The Albany Hospital and Medical College Base Unit No. 33, after a safe voyage, has joined the American Expeditionary Forces. The long period of uncertainty and waiting was ended by orders received on April 23rd, and on Friday, April 26th, the entire equipment, having been transferred from Troop B Armory in 30 hours and shipped by train, the unit marched to the station and entrained for the camp of embarkation. The nurses had been at Ellis Island for nine weeks completing their training and outfitting.

After the campaign for raising funds for the Albany Hospital in May, 1917, the governors paid to the Red Cross to be passed to the disbursing agent for the base hospital $22,275 in gifts contributed through the campaign fund for the base hospital, and in addition the $25,000 guaranteed by the Albany Hospital — a total of $47,275.

Through the increased cost of all materials and additional requirements constantly issued by the Red Cross, it soon became evident — as Major Elting has said — that the amount provided would fall far short of the total needed and the work of securing the additional subscriptions necessary fell entirely upon the director.

Added to the very great task of organization and the selection of equipment, the financial burden was more than should have been placed upon one man. Major Elting, working with an energy and a determination to succeed that only those who were in touch with the situation can understand, secured all the additional funds necessary from personal friends.

The care and thought applied to the selection of equipment by the director and those who assisted him were of the same fine

quality and thoroughness, and this spirit was carried to the selection of every member of the staff, the enlisted men and the nurses.

The task of purchasing, collecting and packing the equipment and the keeping of accounts and paying of bills was enormous, and in this work the entire organization of the Albany Hospital, with its superintendent, Dr Goodwin, who acted as purchasing and disbursing agent, was available and of invaluable assistance.

Miss Johnson, the superintendent of nurses at the hospital, had charge of the enlistment of the nurses and later assisted in the training of the enlisted men. It was fortunate that the temporary headquarters of the hospital unit while undergoing preliminary training were so near the Albany Hospital as to make its facilities available and valuable in many ways.

The long period of waiting after the equipment was completed and the medical staff and enlisted men had been mustered into the service was very trying, but was borne by all with remarkable patience. Those of us who have known the self control which existed through many months have the greatest admiration for the director, for Colonel Von Schroeder, the military officer in command and for all the members of the unit.

Albany should be very proud of having sent to the front a base hospital unit which will do splendid work and maintain the highest ideals of modern scientific medicine and surgery.

We have examined the vouchers and cancelled checks of the disbursing agent, together with all orders for purchases, have noted frequent examinations made by officers of the government of all these records, and we find them complete, correct and in order.

[Signed]

E. N. Huyck
Robert Olcott
Thomas Ordway

PERSONNEL

Since this Roster was prepared, promotions and changes have been made: the rank is given as of the date of completion of organization of the Unit

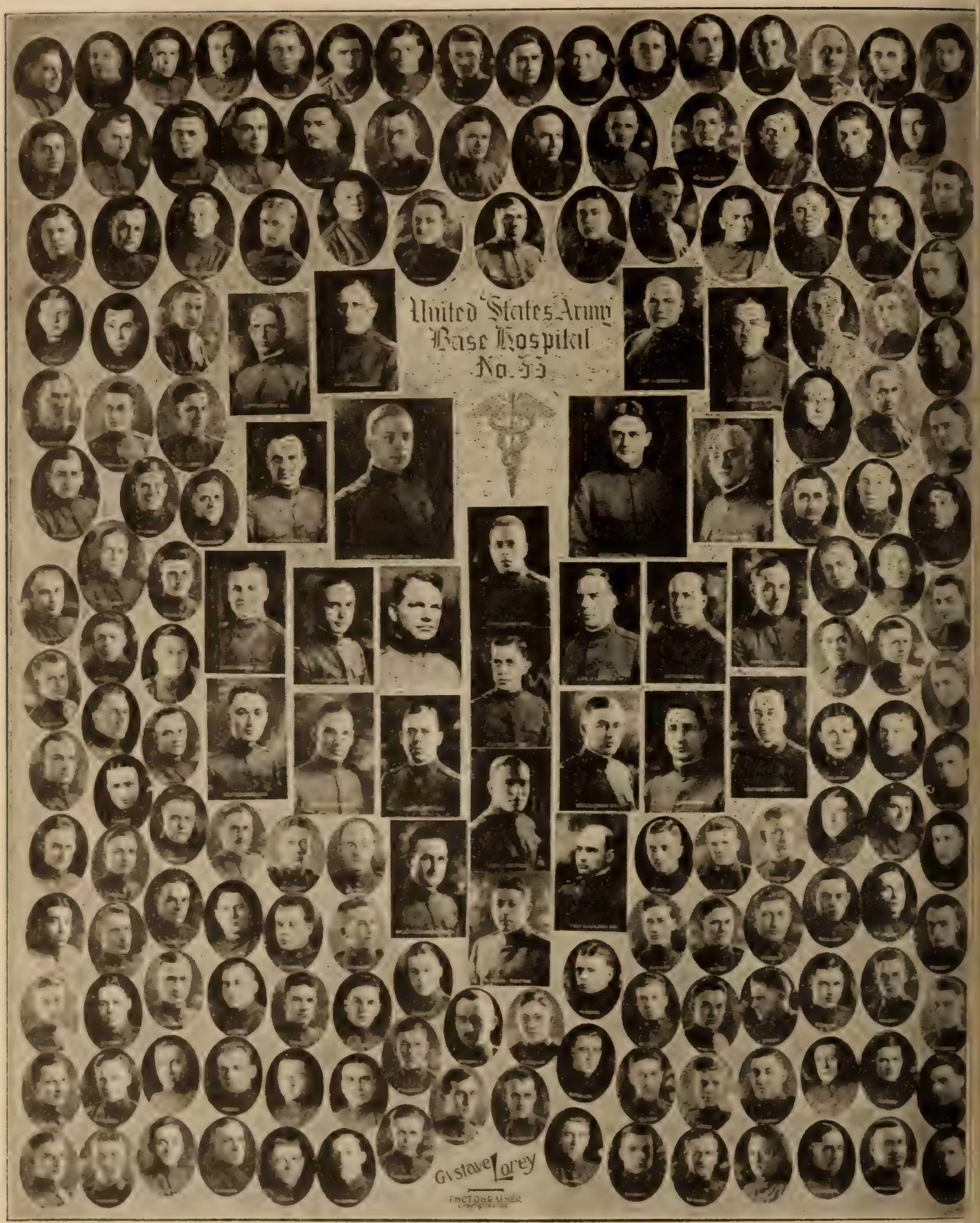
The numbers refer to the portraits as indicated by the Key plate

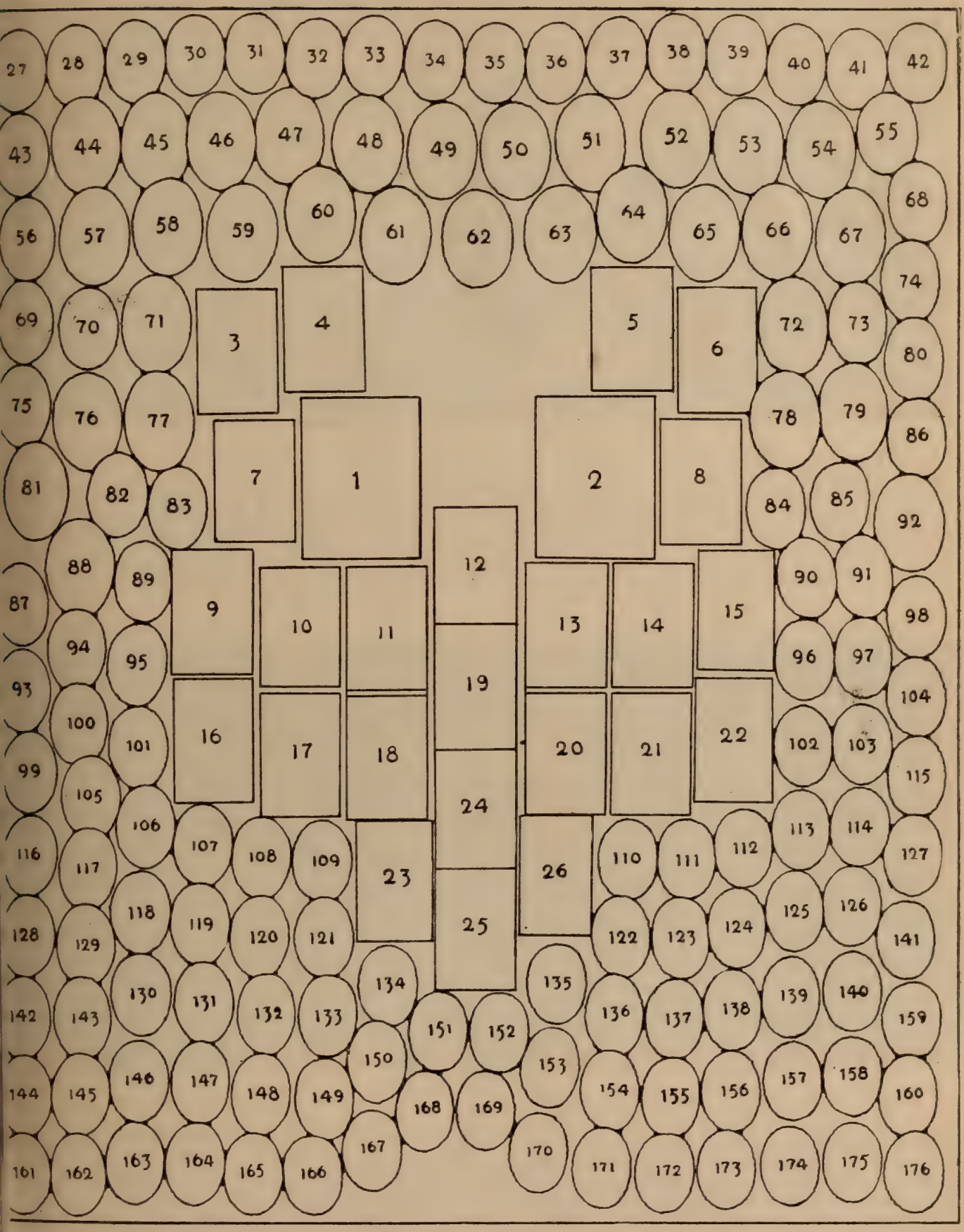
OFFICERS OF BASE HOSPITAL NUMBER 33

LIEUT.-COL. ALLEYNE VON SCHRADER (1)
MAJOR ARTHUR W. ELTING (2)
CAPT. JOSEPH L. DONHAUSER (5)
CAPT. MALCOLM DOUGLAS (6)
CAPT. EDWIN L. DRAPER (15)
CAPT. CLINTON B. HAWN (14)
CAPT. ERASTUS CORNING (12)
CAPT. REXWALD BROWN (11)
CAPT. JOHN F. SOUTHWELL (13)
CAPT. FRED M. MEADER (3)
CAPT. WHITTINGTON GORHAM (7)
CAPT. CHARLES MCMULLEN (4)
CAPT. WILLIAM P. FAUST (8)
CAPT. CLARENCE F. GRAHAM (9)
CAPT. MARTIN H. POST (19)
LIEUT. F. W. MCSORLEY (22)
LIEUT HENRY R. VIETZ (18)
LIEUT. HARRY C. SCHMEISER (21)
LIEUT. WILLIAM P. HOWARD (16)
LIEUT. JOHN L. EDWARDS (10)
LIEUT. DANIEL GLEN SMITH (24)
LIEUT. ROBERT CHILDERS (26)
LIEUT. JONATHAN PEARSON
LIEUT. A. H. MYERS (17)
LIEUT. MERRITT E. BROWN (20)
2ND LIEUT. FLORENCE A. DONAHUE (23)

NURSES OF BASE HOSPITAL NUMBER 33

BLAIR, MISS MARGUERITE
BRENAN, MISS ISABELLA H.
BURNS, MISS FRANCES A.
BUTLER, MISS KATHRYN
CAMPBELL, MISS MARIAN B.
CASEY, MISS WINIFRED
CHAPMAN, MISS EDITH L.
CLIFTON, MISS HELEN
CONLIN, MISS ALICE G.
CZERWINSKI, MISS EFFIE
DE GRAFF, MISS ANNA B.
DE LA MATER, MISS ADELAIDE
DENNIS, MISS EVELYN EMMA
DU BOIS, MISS GRACE M.
FAHLMAN, MISS MINNIE L.
FEECK, MISS CATHERINE
FLYNN, MISS ANN E.
GARRAH, MISS BESSIE G.
GEBHAUER, MISS CHRISTINE E.
GRAHAM, MISS FLORA
GULLER, MISS LULU K.
HARMON, MISS MARY A.
HEIDEL, MISS FLORENCE A.
HILKE, MISS CORDELIA H.
HINTON, MISS EUGENIA A.
HOFFMAN, MISS WILHELMINA T.
HUGHES, MISS STELLA M.
HUGO, MISS DOROTHY M.
INGALLS, MISS SARA B.
KEARNEY, MISS CATHERINE A.
KELLY, MISS ELEANOR M. E.
KELLY, MISS MARY M.
KEMPF, MISS ELIZA E.
LANE, MISS SARA
LEE, MISS KATHERINE
LEE, MISS MABEL L.
LOWE, MISS EDITH H.
MACCORMACK, MISS MALVINA
MAC LEOD, MISS MARIE MAY
MCKAY, MISS CORA
MARTIN, MISS JANE B.
MARTIN, MISS MAE A.
MOFFETT, MISS D. AMELDA
NISBET, MISS EVELYN MARY
O'CONNOR, MISS ANN
OLDFORD, MISS VIOLA
PROVANCHER, MISS DELIA H.
PURCELL, MISS ANNA


United States Army
Base Hospital
No. 53
Gustave Larey


27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42
43 44 45 46 47 48 49 50 51 52 53 54 55
56 57 58 59 60 61 62 63 64 65 66 67 68
69 70 71 3 4 5 6 72 73 74
75 76 77 7 1 2 8 78 79 80
81 82 83 84 85 86
88 89 9 10 11 12 13 14 15 90 91 92
87 94 95 19 96 97 98
93 100 101 16 17 18 20 21 22 102 103 104
99 105 24 115
106 107 108 109 23 26 110 111 112 113 114 127
116 117 25 122 123 124 125 126
118 119 120 121 128 129 134 135 141
130 131 132 133 136 137 138 139 140
142 143 151 152 153 159
150 154 155 156 157 158
144 145 146 147 148 149 168 169 160
167 170 171 172 173 174 175
161 162 163 164 165 166 176



Copyright, 1918, Underwood & Underwood

Left to right—Miss Irene McKenna, civilian stenographer, Albany; Mrs Laura Lipman, civilian stenographer, Albany; Miss Dorothy McCabe, civilian dietitian, Greenwich; Miss Ethyl Walker, Estherville, Iowa; Miss Catherine Kerney, Albany; Miss Evelyn Nisbet, Ithaca; Miss Jean Speirs, New York; Miss Delia Provancher, Mechanicville; Miss Jane Martin (in rear), Albany; Miss Sally Ingalls (in rear), New York; Miss Cordelia Hilke (in rear), Albany; Miss Malvina MacCormack, Albany; Miss Anna Flynn, Albany; Miss Gertrude Rozch, Glens Falls; Miss Elsie Kempp, Pittsfield, Mass.; Miss Katherine Lee, Troy.



Copyright, 1918, Underwood & Underwood

Left to right—Miss Kathryn Butler, Troy; Miss Florence Heidel, Albany; Miss Helen Clifton, New York; Miss H. Maude Randall, Morton, N. Y.; Miss Florence Burns, Chatham Center; Miss Lulu Guller Poland; Miss Mattie M. Washburn, chief nurse, Fort Ann; Miss Anna C. Purcell, Herkimer; Miss Glady Lucas (in rear), Gloversville; Miss Florence Tiffany (in rear), Rensselaer; Miss Viola Oldford (in rear) New York; Miss Mary Kelly (in rear), Catskill; Miss Adelaide DeLaMater, Athens; Miss Marion Campbell, Central Bridge; Miss Lillian Yard, Scranton, Pa.; Miss Isabella Brenan, Plattsburgh; Miss H. Mari Riess, Hudson; Miss Bessie Garrah, Albany; Miss Effie Czerwincki (in rear), Buffalo.



Copyright, 1918, Underwood & Underwood

Left to right—Miss Winifred Cosey, North Bennington, Vt.; Miss Anna DeGraff (in rear), Albany; Miss D. Amelda Moffett, Schenectady; Miss Lucy Brinkerhoff (in rear), Utica, Ohio; Miss Mabel L. Lee, Cohoes; Miss Wilhelmina Hoffman, Schenectady; Miss Stella Hughes, Schenectady; Miss Eleanor Kelly, Schenectady; Miss Eugenia Hinman, Tuscaloosa, Ala.; Miss Flora Graham, Albany; Miss Edith Rushton, Albany; Miss Helen Brooks (in rear), Dunkirk; Miss Edith Helen Lowe, Port Ewen; Miss Minnie Tahlman (in rear), Albany; Miss Catherine Feeck, Albany; Miss Katherine Quinlan, Pittsfield, Mass.; Miss Marguerite Blair (in rear), St. Louis, Mo.; Miss Madge Rees, Cohoes; Miss Christine Gehbauer, Mellenville.



Copyright, 1918, Underwood & Underwood

Left to right—Miss Anna O'Connor, Albany; Miss Ruth Spencer, Albany; Miss Cora McKay, Albany; Miss Elizabeth Rockstroh, Cooperstown; Miss Edith Chapman, Syracuse; Miss Evelyn C. Dennis, Hudson; Miss Grace DuBois, Schenectady; Miss Mae A. Martin, Watervliet; Miss Dorothy M. Hugo, Amsterdam; Miss Mary McCarty, New York; Miss Marie MacLeod, Hudson; Miss Alice Conlin, Troy; Miss Sara Lane, Schenectady; Miss Lula Lake Harkey, civilian chemist and bacteriologist, New York; Miss Maud Marshall, civilian stenographer, Albany.

Quinlan, Miss Kathryn
Randall, Miss H. Maude
Rees, Miss Madge
Riess, Miss Marie Henrietta
Roach, Miss Gertrude
Rockstroh, Miss Elizabeth W.
Rushton, Miss Edith Adelaide
Spiers, Miss Jean Hamilton
Spencer, Miss Ruth Miller
Tiffany, Miss Florence
Walker, Miss Ethyle E.
Washburn, Miss Mattie M.
Yard, Miss Lillian

CIVILIANS OF BASE HOSPITAL NUMBER 33

Mr. Worthington Palmer (25)
(Registrar)

Miss Irene McKenna
(Stenographer)

Miss Maud Marshall
(Stenographer)

Miss Dorothy McCabe
(Dietitian)

Mrs. Laura D. L. Lippman
(Stenographer)

Miss Lula L. Harkey
Chemist and Bacteriologist

NON-COMMISSIONED OFFICERS

Sergeant Fred C. Dines (44)
Sergeant Ernest J. Meaton (59)
Sergeant Merritt L. Allen (67)
Sergeant Robert E. Menand (51)
Sergeant Chester McLoughlin (48)
Sergeant Eric B. Alexander (58)
Sergeant Raymond Stickney (78)
Sergeant Thomas Degnan (57)
Sergeant Ray Abernethy (79)
Sergeant William L. Barker (52)
Sergeant Richard W. Sweet (60)
Sergeant Stanley Sackett (50)
Sergeant Arthur Nathan (65)
Sergeant Chas. L. Hequembourg (72)
Sergeant Charles Renaud (77)
Sergeant William H. Briggs (61)
Sergeant Michael R. Healy (49)
Sergeant Donald Macomber (63)
Sergeant William Kennedy (64)
Sergeant Bernadotte Lester (66)
Sergeant Charles Hagan (47)
Sergeant Grover Cleveland (71)

Hospital Sergeant A. Coffee (62)

CORPORALS

George W. Van Auken (92)
Charles H. Turner (45)
Lorenzo C. Wait (88)
Roscoe M. Lewis (81)
Walter Graham (54)
Joseph A. King (53)
Bernard H. Blum (76)
William A. Pearl (46)

COOKS

Jack Davis (157)
Alfred Wigglesworth (83)

PRIVATES, FIRST CLASS

Horace M. Abrams (102)
Carlo Agneta (35)
Joseph H. Albert (114)
Graham Blandy (118)
Joseph A. Bombard (120)
Charles Brasser (130)
Lester Brenenstuhl (68)
Frank Brennan (34)
Harold R. Bronk (142)
Raymond Burdick (129)
James Chamberlain (169)
Newell Chamberlain (40)
Edwin P. Clay (138)
John R. Conrad (124)
Nelson L. Covey (136)
Douglas Dollar (119)
Harold Falconer (113)
Martin D. Ford (109)
Henry A. Gagne (82)
De Forest Garnsey (41)
William C. Geisel, Jr. (96)
Raymond Gerhart (112)
Howard B. Gray (163)
Clarence Hanigan (145)
George Happe (170)
Walter M. Hartmann (166)
William D. Hoppock (151)
John Hummel, Jr. (131)
Nicholas Hussey (106)
Harold Hutchens (176)
Daniel Keefe (33)
Ralph Kniskern (164)
Leon C. Laub (43)
Chester J. Long, Jr. (90)
Anthony Losacco (27)
David P. MacKenzie (161)
Francis McGovern (162)
Flogy S. Melius (110)
Dana P. Miller (139)
Thomas C. Minch (39)
John C. Mosher (135)
Milton Neubauer (75)
Alonzo Paige (155)
Edward S. Patterson (111)
Ralph D. Phillips (153)
Richard Quinlan (85)
Morris Rote-Rosen (42)
John A. Russell, Jr. (29)
Ralph J. Sager (100)
Charles Schafer (174)
James Smith, Jr. (103)
Ralph Spoor (165)
Robert Stein (95)
Frederick Stine (74)
Clifford Streeter (73)
Edwin E. Taylor (91)
Maxime Thiebaud (32)
Harold Tift (133)
Herschel van Buren (38)
Grant Vaughn (160)
Herbert C. Vaughn (116)
Stephen A. Venear (56)
Thomas Walton (172)
John Wells (147)
James H. White (99)
John J. Winters (94)
Alfred Wright (171)
Archie S. Young (158)

PRIVATES

C. R. Barksdale (75)
Thomas F. Barrett (141)
Wm. H. Barrett (140)
Joseph Besch, Jr. (29)
Edward W. Bradford (167)
Leo W. Breed (123)
John R. Butler (97)
Marshall Colcord (125)
Edward D. Collins (126)
Harold Cook (154)
Stanley Crocker (86)
Peter C. Croes (84)
Royal J. Delong (69)
Louis Delong (70)
Curtis A. Duell (148)
Alfred Fay (80)

Buell Francisco (121)
William G. Grant (104)
George S. Hackney (152)
Joseph W. Harmon (122)
Joseph H. Haubner
Percy Hawkins (117)
Harry Hemingway (144)
John Henley (132)
Henry Hoffman (159)
John Holcomb (89)
Frank Holtslag (137)
Watson Hoos, Jr. (115)
C. T. Lester (128)
Cornelius Lowell (143)
James Lyon (107)
Quentin Mac Neill (168)
Albert Masse (146)
John D. Mattice (30)
John F. McDermott (150)
Earl McGuirk (93)
Raymond McGuirk (87)
Randall Merrihew (55)
J. K. Mullon (149)
John Murray (156)
Daniel Naylon
Fred Overbaugh
Gilbert Outhwaite (108)
Dominick Palladino (98)
Thomas Reardon (127)
Leonard Reed (105)
Alban E. Ruff (37)
Stanley Saunders (36)
Frank L. Schoeneich
Alan Taylor (173)
Sidney Talbot (134)
Reed B. Timmers (31)
James E. Wallace (101)

List of Valuation of Hospital Supplies, Surgical Dressings and Garments Furnished by the Following Red Cross Chapters, for Base Hospital Unit Number 33

BOX NUMBERS	1	2	3	4	5	6	7	8	Total
Albany	4	2	1	3	5	8	1	2	26
Amsterdam	2	2		2	2	2	2	2	14
Ballston	1				1	1		1	4
Cobleskill					1			1	2
Cooperstown					1				1
Gloversville	12			1	1	1			15
Johnstown	6			3	1	2			12
Lowville								1	1
Saratoga	4		1		2			2	9
Schenectady	5	1	1		5	10	1	2	25
Watervliet					2				2
White Plains					1				1
Through Mrs. Donald Brown									
Total	34	5	3	9	22	24	4	11	112

The Estimated Cost of Each box is as Follows:

			Valuation
34	Box No. 1 — Assorted Surgical Dressings	$20.10	$683.40
5	Box No. 2 — Equipment for one patient (9 in each box)	146.25	731.35
3	Box No. 3 — Doctor's and Nurse's Operating Gowns	133.72	401.16
9	Box No. 4 — Muslin, Crinoline and Flannel Bandages	80.88	727.92
22	Box No. 5 — Hospital Linen	199.25	4,383.50
24	Box No. 6 — Patients Clothing	143.36	3,440.64
4	Box No. 7 — Oakum Pads and Fracture Pillows	10.25	41.00
11	Box No. 8 — Miscellaneous Supplies	43.25	475.75
			$10.884.62

List and Valuation of Special Gifts

Articles Donated		Valuation	Donors
24 Sweaters	$5.00	$120.00	The Kenwood Red Cross, through Mrs. Edwin Corning
20 Prs. Knitted Socks	.75	15.00	
153 Comfort Kits	4.00	612.00	Ladies — Albany Red Cross
154 Sweaters	5.00	770.00	Mrs. George P. Hilton, Albany
153 Wristlets	.50	76.50	Mrs. George P. Hilton, Albany
306 Prs. Stockings	.75	229.50	Mrs. Geo. P. Hilton, Albany
223 Wristlets	.75	177.25	Schenectady Red Cross Chapter
			Miss Meneeley, Albany
222 Pillows	.35	77.70	Woman's Christian Temperance Union, New Baltimore
11 Pillows	.25	2.75	Mrs. McCarthy, Albany
			Mrs. Frederick Froehlich, Albany
1 Moving Picture Machine		251.40	P. K. Dederick, Jr., Loudonville, N. Y.
1 Organ		100.00	Mrs. Clifford D. Gregory, Albany
58 Victrola Records	.75	44.50	Mrs. T. H. Blocksidge, Albany
1 Motor Cycle		325.00	B. Blum, Albany
12 Surgical Coats	2.00	24.00	Mrs. C. P. McCord, Albany
12 Surgical Pants	2.00	24.00	Mrs. C. P. McCord, Albany
212 Books (Selected)	.75	159.00	Mrs. Arthur W. Elting, Albany
66 Sleeping Bags (For Nurses)	6.36	419.76	F. C. Huyck & Sons, Rensselaer
5 Hospital Comfort Kits	5.00	25.00	Mrs. James C. Moffett, New York
Crepe Paper Bandages		20.00	Dennison Manufacturing Co.
43 Victrola Records		32.25	Mrs. Charles E. McElroy
Total		$3.505.61	

Auto Trucks

1 Cadillac	$1.750.00	H. W. Stickney, Albany
1 Peerless (Estimated)	2.000.00	Dr. Charles E. Davis, Albany
1 Ford	475.00	Public Subscription Residents of Fort Plain, N. Y.
Total	$4.225.00	

EQUIPMENT AND SUPPLIES PURCHASED BY GENERAL AND SPECIAL DONATIONS

(Report of Purchasing Agent)

Office furnishings and equipment, including desks, chairs, etc	$4,062.02
Drugs and surgical appliances	10,539.98
General property	29,289.94
(This includes all the lumber, mattresses, blankets, large sterilizers, mosquito bars, beds, fire extinguishers, dressing tables, bedding, cots, and the amount given to start a small store for the members of the unit)	
Tools	3,466.64
Laboratory equipment and supplies	7,988.02
Insurance	750.54
Housekeeping supplies (brooms, mops, pails, etc.)	511.87
Ambulance and auto trucks, first cost	12,835.04
Traveling expenses	527.55
Freight and express	351.84
Library	601.68
Stenographers	139.33
Kitchen equipment	9,347.82
Labor, for boxing, etc., before unit was mobilized	782.59
Telephone and telegraph	36.77
Tuition	80.00
X-Ray and photographic materials	7,721.30
Postage	46.05
*Laundry Equipment	8,332.30
Dental equipment	3,052.76
Gasoline, oil and odd parts of cars	398.07
Sporting goods	366.86
Telephone equipment	1,675.00
Total	$104,845.71

* See note on following page concerning sale of laundry equipment.

This total of $104,845.71 represents gross expenditures for Base Hospital No. 33 as previously stated.

The following amounts were refunded and should be credited to the different subdivisions under which they were originally charged as expenses:

Thomas, return of safes, under property account	$43.00
Rose & Kiernan — short-rating insurance	144.85

* Laundry equipment sold to Base Hospital No. 1	$8,296.00
William Hill & Company, short-rating insurance	12.13
William Hill & Company, short-rating insurance	185.31
American Express Company, overcharge	.06
Marx Clothing Company, overcharge	1.30
Finch & Horn, return of dry batteries	47.50
Gibson & Snow, return of alcohol	15.80
Albany Hardware & Iron Co., return of excelsior	5.86
Express	1.47
Stetson Fisk, Inc., return of desks	417.60
Geo. W. Wark, return of motor	10.00
Albany Hardware & Iron Co., return of tools	12.10
Thomas, return of safes	67.00
General Electric Company, overcharge	2.75
Walter Bloor, rebate on kitchen equipment	2.75
Total	$9,537.73

This total of $9,537.73 should be credited to the different departments.

Respectfully submitted,

H. C. GOODWIN, M. D.,

Purchasing Agent

* Laundry equipment sold at the direction of War Department reversing their original order for purchase.

CONTRIBUTIONS TO THE ALBANY HOSPITAL–MEDICAL COLLEGE BASE UNIT

Albany Hospital Campaign		$25,000.00
Albany Hospital Campaign (special contributions):		
General ElectricCo.,	Schenectady	10,000.00
American Locomotive Co.	Schenectady	5,000.00
Mrs. F. E. Barbour	Canajoharie Ambulance	1,000.00
F. E. Barbour	Canajoharie Ambulance	500.00
B. Arkell	Canajoharie Ambulance	1,500.00
W. C. Hutchins, Johnstown, N. Y.		100.00
Miss Katharine Countryman, Albany		50.00
Charles C. Harriman, Albany		100.00
C. A. Waterbury (Chatham R. C.)		25.00
Alice P. Richardson, Albany		5.00
Mrs. John R. Cline, Treas., (St. Johnsville R. C.)		50.00
Mrs. Samantha L. Huntly, Troy, N. Y.		600.00
Dudley Olcott, Albany		350.00
James C. Brady, New York City		8.000.00

Geo. O. Knapp, New York City	$15,500.00
Morris Gintzler, New York City	100.00
Miss Francis A. Strong, Albany	15.00
Robert Olcott, Albany	212.05
Chatham Branch R. C. (Through Henry D. Rodgers)	100.00
James Rodgers, Ausable Forks, N. Y	700.00
Clarence W. Stevens, Albany	20.00
Grace H. L. Patterson, Albany	100.00
Greenwich Branch R. C., Glens Falls Chapter	200.00
Henry M. Sage, Albany, for Dental equipment	3,000.00
Dr. Agnes E. Page, Albany	100.00
Chatham R. C	4.25
Winthrop P. Stevens, Albany	5.00
Mrs. Clarence W. Stevens, Albany	6.50
A Friend (Special)	5.50
Mrs. Marion Hoopes (Glens Falls R. C.)	200.00
Employees Gen. Elec. Co., Schenectady, for G. E. Ambulance	2,582.50
Employees Amer. Loc. Co., Schenectady, for Portable X-Ray Machine Testimonial for Capt. W. P. Faust	1,000.00
American Locomotive Co., N. Y., for Portable X-Ray Machine Testimonial for Capt. W. P. Faust	500.00
Mrs. H. L. P. Rice, Albany	100.00
Washington Co. Defense Association (Ambulance)	3,000.00
Washington Co. Defense Association	200.00
F. F. Peabody, Troy	10,000.00
Mrs. Harriett C. Rawle and Edwin Corning, Albany	25.00
Dr. Arthur Elting, Albany	260.00
E. Palmer Gavit, Albany, for Laboratory Equip	5,000.00
Judge L. P. Hale, Albany	100.00
W. C. Wilcox, New York City	500.00
Mrs. W. W. Byington, Albany	5.00
School Children, New York City	226.25
Total cash	$96,047.50

Summary of Financial Report

Receipts		
Donations for equipment and supplies	$96,047.50	
Special gifts:		
Red Cross Hospital Supplies	10,884.62	
Comfort and entertainment of personnel and patients	3,505.61	
Auto trucks	4,225.00	
Total receipts		$114,662.73

DISBURSEMENTS		
Equipment and supplies		
Gross expenditures	$104,845.71	
Refunded	9,537.73	
Net expenditures		$9,5307.98
Value represented in special gifts		18,615.23
Balance in bank		739.52
Total disbursements		$114,662.73

[Signed]

EDMUND N. HUYCK
ROBERT OLCOTT
THOMAS ORDWAY

Editorial

Other physicians, however, resorted to Batson's coffee-house in a professional and not in a poetic way. The character of its frequenters was described in a lively manner in the first number of the *Connoisseur*, published in January, 1754. Having devoted a few sentences to a neighboring establishment, the writer noted that it is "but a short step to a gloomy class of mortals, not less intent on gain than stock-jobbers: I mean the dispensers of life and death, who flock together like birds of prey watching for carcasses at Batson's. I never enter this place, but it serves a *memento mori* to me. What a formidable assemblage of sable suits, and tremendous perukes! I have often met here a most intimate acquaintance, whom I have scarce known again; a sprightly young fellow, with whom I have spent many a jolly hour; but being just dubbed a graduate in physics, he has gained such an entire conquest over the risible muscles, that he hardly vouchsafes at any time to smile. I have heard him harangue, with all the oracular importance of a veteran, on the possibility of Canning's subsisting for a whole month on a few bits of bread; and he is now preparing a treatise, in which he will set forth a new and infallible method to prevent the spreading of the plague from France to England. Batson's has been reckoned the seat of solemn

> stupidity: yet it is not totally devoid of taste and common sense. They have among them physicians, who can cope with the most eminent lawyers or Divines; and critics who can relish the *sal volatile* of a witty composition, or determine how much fire is requisite to sublimate a tragedy *secundum artem*." The house served a useful purpose at a time when physicians were not in the habit of increasing their knowledge by visiting the wards of the hospitals. Batson's was a consulting-house instead, not alone for patients but for the doctors themselves.
>
> *Inns and Taverns of Old London.* HENRY C. SHELLEY.

✢ ✢ ✢

The Forty-Fifth Alumni Day

The program for the alumni reunion promises an acceptable innovation. Following the custom of academic colleges, the commencement exercises have been planned for a separate day. This allows an entire day for the alumni, which will be utilized to the best advantage, that business and pleasure may each have their proper allotment of time. There are several good reasons why the alumni should take this opportunity; first, to acquaint themselves with the operations of the school, and, second, to learn the effect of the military requirements upon institutions of this character. The absence of a large number of instructors now in the service of the country and the drafting of present and prospective students have resulted in an unparalleled condition.

The general meeting in the morning will follow the usual routine, with the exception that the exercises will be condensed to permit the reunion of decennial classes and inspection of the reorganized laboratories. It is anticipated that the system of instruction of the primary subjects will attract notice, for here the " full-time " professors meet the students upon their entrance upon their work, and teach not only facts but methods of study, with the purpose, already revealed in the upper classes, of bitter and wards unite in obtaining the information desired in the practical work.

After luncheon at Wolfert's Roost Country Club, the clinical resources of the hospital will be displayed, and the fact will become patent that a medical school of the present day is not

merely a building but a system in which museums, laboratories and wards unite in obtaining the information desired in the practical work.

The day will end as usual, with the banquet, where the addresses will bear a distinctly martial flavor. The customary humor will be missed, but the spirit of the day justifies the belief that more serious topics will meet the thought and interest of professional men. The committee of arrangements has been successful in securing medical men to speak who have been in actual service abroad.

That the officers of the Association have labored diligently in the preparation of the program for the day goes without saying, and the expressions of approval already received justify their faith in the approval of the Association. This is a critical time in the history of the college, and loyal alumni will give encouragement by their presence and participation in the day of reunion. Their cooperation is needed now as at no other time, and every man who is able should set aside this day that he may do his bit for his *alma mater*.

A Great Day For Union.

The decision to confer the degree of Doctor of Medicine with the academic degrees at Schenectady this year marks another step in the realization of the University foundation of the institutions at Albany and Schenectady. The peculiarly loose organization of the undergraduate and postgraduate colleges in the two cities has been for forty years a federation rather than a closely-knit university. Their actual unification is to be expressed on June 10th by a Commencement in which the medical department is to have the recognition to which it is entitled. In the near future the schools of law and of pharmacy will follow and the annual Commencement at Schenectady will be the demonstration of a fully organized university. This occasion might well receive more attention than is apt to be the case this year. The intellectual ambition of Albany to become a center of learning is revealed in the records of its institutions since the beginning. When Union College was established at Schenectady toward the end of the eighteenth century, it was with the sympathy and the

active cooperation of the educated men and the educators of Albany. When the Albany Academy for Boys was opened in the early years of the nineteenth century this famous school was regarded as the nucleus of a university and for more than fifty years its curriculum was of the high type of the college course. When the Albany Law School was founded, a few years after the opening of the Albany Medical College, there was a paper "University of Albany," and, finally, in 1873, Union University became by statute a corporate fact. This organic act, however, required little in the direction of cooperation, and each institution pursued its solitary career with independent boards of trustees. There was a long period following the Civil War in which the destinies of Union College appeared to be doomed by the defection of Southern students who had long contributed to the number of its matriculants, and in this period the Medical School became the largest department of the University. And, just as the Civil War threatened the very existence of the relatively ancient institution, so the World War, strangely enough, promises to restore not only the integrity of its parts but to amalgamate in greater effectiveness than ever before its various enterprises, and it is not too much to expect that in the near future the century-old ambition of the neighboring communities as a center of polite learning will be realized.

Public Health

Edited by Arthur Sautter, M. D.

Department of Public Safety, Bureau of Health, Albany, N. Y.

Bureau of Vital Statistics.

Compiled by William F. Fullgraff, Registrar.

Deaths for Month of April, 1918.

Consumption	19	Bright's Disease	11
Typhoid Fever	3	Apoplexy	14
Scarlet Fever	0	Cancer	15
Measles	0	Accidents and Violence	9
Whooping Cough	1	Deaths under 1 year	24
Grippe	1	Deaths over 70 years	36
Diarrheal Diseases	2	Death rate	21.19
Diphtheria and Croup	0	Death rate less non-residents	19.03
Pneumonia	17		
Broncho Pneumonia	14		

Deaths in Institutions.

	Non-res.	Res.		Non-res.	Res.
Albany Hospital	11	10	Maternity Hospital	2	6
Albany Hospital Camp.	3	4	Child's Hospital	0	2
Homeopathic Hospital	1	12	Home for Incurables...	1	1
St. Peter's Hospital....	6	14	St. Margaret's House...	0	1
House of Good Shepherd	0	1	Public Places	3	3
Albany Co. Hospital....	2	2		29	56

Births ..... 201 Still births 10

DIVISION OF COMMUNICABLE DISEASE.

Typhoid Fever	8	Tuberculosis	45
Scarlet Fever	3	Pneumonia	71
Diphtheria and Croup	14	Mumps	43
Chickenpox	13	Epidemic Cerebro-Spinal Meningitis	3
Smallpox	0		
Measles	182		
German Measles	298	Total	790
Whooping-cough	110		

Number of days quarantine for scarlet fever:
Longest.....35 Shortest.....31 Average.....32¾
Number of days quarantine for diphtheria:
Longest.....36 Shortest.....12 Average.....26⅝
Fumigations: Rooms.....242. In 140 Buildings.
Milk bottles disinfected 691

Communicable Disease in Relation to Schools.

	Reported D.	S.F.	M.
Public School No. 1	1		
Public School No. 3			1
Public School No. 4	1		13
Public School No. 6			2
Public School No. 7			7
Public School No. 9			10
Public School No. 11.....			3
Public School No. 12			1
Public School No. 14			1
Public School No. 15	1		
Public School No. 16			8
Public School No. 17			1
Public School No. 20	1		
Public School No. 21			2
Public School No. 22			3
Public School No. 24			4

Vincentian Institute	4	2
Blessed Sacrament School		3
High School	1	
N. Y. S. Normal School		2
Academy Holy Names		2
St. Joseph's Academy	1	
Lady Help of Christians		2
Cathedral School		3
Lady of Angels School	1	
St. Mary's School		1
St. Cassimir's School		8

Nurse's Report.

TUBERCULOSIS.

Living cases on record April 1, 1918		833
Cases reported:		
By card	42	
Dead cases by certificate	3	45
		878
Dead cases previously reported	16	
Dead cases not previously reported	3	
Removed	1	20
Living cases on record May 1		858
Total tuberculosis death certificates		19
Non-resident deaths:		
Albany Hospital Camp		3
Resident deaths		16

Visits to Cases of Communicable Disease.

Tuberculosis	64	Miscellaneous	9
Visits to physicians	4		

LABORATORY REPORT

Diphtheria.

Initial Positive	37	No Growth	30
Initial Negative	205		
Release Positive	189	Total	539
Release Negative	78		

Sputum for Tuberculosis.

Positive	50	Negative	220
		Total	270

Widals.

Positive	4	Suspicious	5
Negative	25		
Unsatisfactory	5	Total	39

Cultures for Meningococcus.

Positive	9	Suspicious	2
Negative	23		
		Total	34

Spinal Fluid (Tubercle Bacillus)

Positive	1	Examination of dog for rabies	1
Wassermann tests	103		
Milk Analyses	112		

Division of Sanitation.

Complaints made	88	Reinspections	121
Inspections	71	Plumbing	26
Plumbing	23	Sanitary	95
Sanitary	48		

HEARINGS.

Hearings	7	Cases heard	9

Class of Cases.

Plumbing	3	Stable	1
Closet	1	Pigs	3
Filthy premises	1		

Disposition of Cases.

Abated	5	Reinspection	4

DIVISION OF PLUMBING, DRAINAGE AND VENTILATION

Inspections	91	New buildings	5
Old houses	65	Houses tested	3
New houses	26	Blue or red	2
Permits issued	160	Water test	1
Plumbing	145	Houses examined	43
Building	15	Re-examined	128
Plans submitted	11	Valid	21
Old buildings	6	Without cause	22

REPORT OF REMOVAL OF DEAD ANIMALS.

Horses removed	13	Cats removed	315
Dogs removed	238		
		Total	566

DIVISION OF MARKETS AND MILK.

Public Market inspections	26	Fat tests	54
Milk depots inspected	14	Sediment tests	36
Stores inspected	262	Chemical tests	9
Dairies inspected	26	Milk peddlers permits issued	50
Milk houses inspected	26	Storekeepers' permits issued	262
Milk cans inspected	340	Complaints investigated	2
Cows examined	458	Dogs examined for rabies	1
Lactometer readings	94	Dogs re-examined for rabies	1
Temperature readings	94		

MISCELLANEOUS.

Cards posted for communicable disease	167	from doctors	117
Cards removed	117	Inspections and reinspections	190
Notices served on schools	666	Vaccinations	29
Notices served on stores and factories	33	Dressings	31
Postal card returns sent to-doctors	167	Employment certificates issued to children	27
Postal card returns received		Cases assigned to health physicians	75
		Calls made	128

Garbage collected from 1st District	158 bbls.	District	186 bbls.
Garbage collected from 2nd		Garbage collected from 3rd District	253 bbls.

MEDICAL SOCIETY OF THE COUNTY OF ALBANY—JANUARY MEETING.

The minutes of the regular monthly meeting of The Medical Society of the County of Albany, held at the Albany County Court House, corner Columbia and Eagle streets, Thursday evening, January 31, 1918.

Meeting called to order by the President, Dr. Howard E. Lomax.

Reading of the minutes of the December meeting by the Secretary, Dr. E. S. Haswell.

Dr. Arthur Bedell, on a question for information, demanded to know by what right or authority the secretary sent a copy of the minutes to the State Society for publication in the journal before they had been approved. The secretary replied that he believed it was customary for county societies to send their reports immediately to the journal, as the interval of a month would render the report stale as a news item. The president ruled that to obviate further difficulty in this matter that the minutes would be read and approved just prior to adjournment of each meeting. The minutes of the December meeting were then approved.

Reading of the Honor Roll of those absent on military duty:

William D. Allen
Erastus Corning
Frederick Crounse
Albert M. Dickinson
Joseph L. Donhauser
Malcolm Douglas
Edwin L. Draper
Arthur W. Elting
Emanuel M. Freund
Nelson K. Fromm
Louis H. Gaus
Henry Gillen
L. Whittington Gorham
Philip C. Hacker
Eugene E. Hinman
Clinton B. Hawn
John E. Heslin
Thos. M. Holmes
William P. Howard
Frank H. Hurst
Thomas W. Jenkins
Harry V. Judge
James M. Keeling
William G. Keens
Joseph A. Lanahan
H. Judson Lipes
Howard E. Lomax
Andrew MacFarlane
James E. Maloney
Clarence E. Mullens
Joseph P. O'Brien
Geo. W. Papen, Jr.
George B. Randall
Henry L. K. Shaw
John F. Southwell
James VanderVeer.

The President presented a service flag containing thirty-six stars.

Reports of officers and committees. None.

Unfinished business:

In accordance with the motion made at the special annual meeting held December 14, 1917, to postpone election of delegates until the January meeting, the president declared that nominations for election of delegates and their alternates to the State Society were in order.

Dr. Edward Stapleton nominated Dr. J. L. Bendell for delegate.

Dr. Lawrence R. Worrell nominated Dr. Frederick Myers for delegate.

Dr. Louis B. Mount nominated Dr. Arthur Root for delegate.

There being no further nominations, the chair declared nominations closed.

It was moved that the secretary cast one ballot containing the names of Drs. J. L. Bendell, Frederick Myers, and Arthur Root, as delegates to the State Society.

The secretary having cast the ballot, the chair declared that Drs. J. L. Bendell, Frederick Myers, and Arthur Root, had been duly elected delegates to the annual meeting of the State Society for 1918.

The President then declared that nominations were in order for three alternate delegates.

Dr. Frederick L. Classen nominated Dr. Percival W. Harrig.

Dr. Arthur C. Worth nominated Dr. Louis LeBrun.

Dr. Brayton Kinne nominated Dr. Elwin W. Hannock.

There being no further nominations, the chair declared the nominations closed.

On motion of Dr. H. E. Mereness, it was voted that the Secretary cast one ballot containing the names of Drs. Percival W. Harrig, Louis LeBrun, and Elwin W. Hannock, for alternate delegates to the State Society.

The Secretary having cast the ballot, the chair declared that Drs. Percival W. Harrig, Louis LeBrun, and Elwin W. Hannock had been duly elected as alternate delegates to the State Society for 1918.

New business:

Dr. J. Howard Branan brought up the question of distribution of antipneumococci serum by the State Health Department.

It was voted that the question of the distribution of antipneumococci serum by the State Health Department be referred to the Public Health Committee for investigation.

Dr. Orvis A. Brenenstuhl introduced the following resolution:

RESOLUTION

"WHEREAS, The policy of the Medical Society of the County of Albany in establishing a dictatorship and jurisdiction over its members, regarding all matters of medical interest for newspaper publication, has provoked considerable dissatisfaction on the part of many; therefore, be it

"*Resolved*, That the Medical Society of the County of Albany abolish its policy of censoring and repressing the right of the free speech of its members through the public press."

Dr. James F. Rooney objected on the ground that it was contrary to the by-laws. The chair ruled the resolution out of order.

On motion of Dr. J. F. Rooney, it was voted that the Society continue to remit the dues of Drs. Thornton K. Perry and Samuel J. Morrow and pay the amount per capita of the State Society assessment to the treasurer of the State Society.

Dr. Harry Rulison, on a question for information, desired to know if the Comitia Minora appropriated any money for any purpose.

The chair informed him that the Comitia Minora had voted to resume the contract of the County Society with the Albany Medical Annals for the publication of its minutes.

Dr. J. F. Rooney stated that he doubted if the Comitia Minora had the right to expend the funds of the Society without a vote.

A discussion followed as to the extent of the powers of the Comitia Minora.

It was voted that the question of entering into a contract with the ALBANY MEDICAL ANNALS be laid on the table pending investigation of the Comitia Minora's authority, and in the meantime that no contract shall be made with the ANNALS.

The President announced the appointment of the following committees:

Legislation Committee
A. C. Worth
Chas. K. Winne
F. C. Curtis.

Publication Committee
H. E. Lomax
J. Lewi Bendell
H. E. Mereness.

Public Health Committee
C. W. L. Hacker
C. P. McCord
A. Sautter.

Milk Commission
C. W. L. Hacker
C. P. McCord
A. Sautter
Ellis Kellert
Harry Rulison
John F. Miller,
ex-officio member.

Scientific program:

"Tuberculosis Examination in the Army,"
Nelson K. Fromm, M. D., Capt. M. R. C.
"Medical Inspection in the Schools,"
Clinton P. McCord, M. D., Health Inspector of Schools.

Minutes of the meeting read and approved.

Meeting adjourned at 11:20 p. m.

Members present: Drs. Bedell, Bellin, J. L. Bendell, Branan, Brenenstuhl, Classen, Colbert, F. C. Conway, Dowling, Druce, Egerton, Fromm, Greene, Guyer, Hannock, Harrig, Haswell, Hathaway, Kemp, Kinne, Lomax, J. A. Lyons, J. S. Lyons. McCord, McCormick, McKown, Moore. Mount, F. C. Myers, Neuman, O'Donnell, G. W. Papen, Sr., Rooney, H. Rulison, Ryan, Stapleton, Todd, VanLoon, Vogel, Williams, Worrell, and Worth.

E. S. Haswell, *Secretary.*

FEBRUARY MEETING

The minutes of the regular monthly meeting of The Medical Society of the County of Albany, held at the Albany County Court House, February 28, 1918.

Meeting called to order by the President, Dr. Howard E. Lomax.

The minutes of the January meeting having been approved, the reading was dispensed with.

Report of the Board of Censors. None.

Report of the Legislative Committee, by Dr. A. C. Worth. A verbal report was given and accepted. There was a lengthy discussion on compulsory health insurance. The Society re-endorsed its resolution against compulsory health insurance.

Report of the Milk Commission, by Dr. C. W. L. Hacker. There is a meeting of the committee every three months.

Unfinished business. Discussion of the MEDICAL ANNALS.

New business. Communication from the Army Medical Museum was endorsed, also endorsement of the Owen bill.

It was voted that the unpaid dues for 1917 of two members in active service be paid.

Scientific program:

"Gonorrhea in the Female,"

J. B. Congdon, M. D.

A discussion by Drs. Stapleton, Harrig, Hacker, Lomax, Haswell, and Mereness.

Reverted to unfinished business.

On motion of Dr. Stapleton, it was voted that the Society appropriate $50 for the publication of its minutes in the ALBANY MEDICAL ANNALS.

Members present: Drs. Lomax, Haswell, Brenenstuhl, Congdon, Stapleton, C. W. L. Hacker, Harrig, McCormick, Worth, G. W. Papen, Sr., Todd, Padula, Mereness, Kinne, Lilienthal, and Worrell.

Meeting adjourned at 11:00 p. m.

E. S. HASWELL, *Secretary.*

MARCH MEETING

MEDICAL SOCIETY OF THE COUNTY OF ALBANY

The minutes of the regular monthly meeting of The Medical Society of the County of Albany, held at the Albany County Court House, corner Columbia and Eagle streets, Thursday, March 28, 1918.

Meeting called to order by the President, Dr. H. E. Lomax, at 9 p. m.

Reading of the minutes of the February meeting by the Secretary, Dr. E. S. Haswell, approved.

Reports of officers and committees. None, except legislative committee. Dr. Rooney, as chairman of the State Legislative Committee, spoke on pending legislation.

New business.

Chiropractic advertisements. Chiropractic advertisements which have been appearing in the daily papers for the last two or three months, were reported by the secretary of the Board of Censors, Dr. L. B. Mount.

Dr. Rooney suggested the drawing of a resolution.

It was voted that the Secretary write a letter to the district attorney, Harold D. Alexander, regarding chiropractic advertisements.

Scientific program:

Symposium on Diseases of the Gall Bladder.

(a) Etiology and Symptomatology. P. W. Harrig, M. D.

(b) Pathology. W. S. Lilienthal, M. D.

(c) Medical Aspects. L. R. Worrell, M. D.

(d) Surgical Aspects. C. G. Hacker, M. D.

Discussed by Dr. Kinne.

Minutes read and approved.

Meeting adjourned at 10:50 p. m.

Members present: Drs. Brenenstuhl, Congdon, Dowling, Egerton, C. G. Hacker, Harrig, Haswell, Kinne, Lucas, Lilienthal, Lomax, Moore, Mount, Padula, Papen, Sr., Rooney, Stapleton, Worrell, Worth, and Dr. H. Howard of Montgomery county.

E. S. Haswell, M. D., *Secretary.*

APRIL MEETING

Medical Society of the County of Albany

The minutes of the regular monthly meeting of the Medical Society of the County of Albany, held at the Albany County Court House, corner Eagle and Columbia streets, Albany, N. Y., Tuesday, April 30, 1918.

Meeting called to order by the President, Dr. Howard E. Lomax.

Reports of officers and committees.

The Secretary reports as follows: Acting in accordance with the motion passed at the March meeting, the Secretary addressed the following letter to the district attorney:

March 29, 1918.

"From Dr. E. S. Haswell, Secretary, The Medical Society of the County of Albany, 496 Madison Avenue, Albany, N. Y.

"To Hon. Harold D. Alexander, District Attorney, City and County of Albany, Albany County Court House, Albany, N. Y.

"Subject: Chiropractors.

"At the regular monthly meeting of The Medical Society of the County of Albany held Thursday evening, March 28, 1918, 'on motion of Dr. Christian G. Hacker, it was unanimously voted that the Secretary shall write a letter to the District Attorney regarding the chiropractic advertisements.'

"The Medical Society of the County of Albany wishes to direct your attention, as has been done previously by its Board of Censors, to the fact that during the past two or three months chiropractic advertisements have appeared in the Albany daily papers. A few of these are as follows:

"Albany Evening Journal, Jan. 16, 1918.
" " " Jan. 30, 1918.
" " " Feb. 6, 1918.
" " " Feb. 13, 1918.
" " " Feb. 20, 1918.
" " " Feb. 22, 1918.
" " " Feb. 27, 1918.

"Knickerbocker Press, Jan. 29, 1918.
" " Feb. 12, 1918.
" " Feb. 26, 1918.

"The following quotations are from 'Public Health Law, chapter 45, article 8, Practice of Medicine, paragraph #160, Definitions. * * * 7. The practice of medicine is defined as follows: A person practices medicine within the meaning of this article, except as hereinafter stated, who holds himself out as being able to diagnose, treat, operate, or prescribe for any human disease, pain, injury, deformity or physical condition, and who shall *either offer or undertake* by *any means or method,* to diagnose, treat, operate, or prescribe for any human disease, pain, injury, deformity or physical condition.'

"'Paragraph #174. Penalties and Their Collection. Any person who, not being then lawfully authorized to practice medicine within this State and so registered according to law, shall practice medicine within this State without lawful registration or in violation of any provision of this article; * * * or *any person not a registered physician who shall advertise to practice medicine,* shall be guilty of a misdemeanor.'

"The Society confidently hopes and sincerely trusts that you will take cognizance hereof and immediately institute proper action.

"Yours very truly,
"(Signed) E. S. HASWELL, M. D.,
"Secretary."

The District Attorney replied as follows:

"April 1, 1918.

"Dr. EDDY S. HASWELL, 496 Madison Ave., Albany, N. Y.

"My dear Doctor.—This is to acknowledge receipt of your letter to me dated March 29th. In reply let me say that I am taking up the matters spoken of in your letter.

"Yours very truly,
(Signed) HAROLD D. ALEXANDER."

The Board of Censors and other committees had no report.

Nothing under "unfinished business" and "election of members."

New business.

Dr. Bedell spoke and discussed the plans and program for the coming meeting of the Medical Society of the State of New York which will be held in Albany, May 20 to 24, 1918.

Dr. Bedell introduced the following resolution, which was unanimously adopted:

"WHEREAS, It has always been the custom for the Medical Society of the County in which the Medical Society of the State of New York is to hold its annual meeting, to appropriate from its treasury a sufficient

amount to provide for certain contingent expenses for the entertainment of the members of the State Society; therefore, be it

"*Resolved,* That this Society do hereby appropriate the sum of $300 from its treasury for the purpose of providing for the necessary contingent expenses consequent upon the meeting of the Medical Society of the State of New York, which meeting is to be held in the city of Albany, May 20-24, 1918."

The Secretary then read the following letter, which has been received by the President from Dr. E. V. Delphey of New York:

"New York, *April 27th,* 1918.

"Dr. H. E. Lomax,

"My dear Doctor.—At the regular meeting of the Medical Society of the County of New York, on Monday evening, April 22, 1918, Dr. William S. Gottheil offered the following resolutions, which were unanimously adopted:

"'*Resolved,* That the Delegates from this Society to the Medical Society of the State of New York, be and are hereby instructed to oppose the scheme for Compulsory Health Insurance in the State Society; and be it further

"'*Resolved,* That they be directed to introduce and support a resolution in the House of Delegates of the State Society instructing the Delegates from the State Society to the House of Delegates of the American Medical Association, in accordance with the expressed opinion of the organized medical profession, to oppose the scheme for Compulsory Health Insurance in every way possible.'

"Do you not think it would be desirable to have similar action taken by your County Society, so that such a resolution will be sure to be adopted by the House of Delegates of the State Society?

"Yours fraternally,

"(Signed) Eden V. Delphey, M. D."

On motion of Dr. Bedell, it was unanimously voted that the delegates of the Medical Society of the County of Albany to the House of Delegates of the State Society be instructed to oppose the scheme for compulsory health insurance.

Scientific program:

"The More Common Skin Affections,"
L. B. Mount, M. D.

"Treatment of Chronic Otitis Media,"
E. A. Stapleton, M. D.

Minutes read and approved.

Meeting adjourned at 10:40 p. m.

Members present: Drs. Bedell, DeVoe, Druce, Egerton, Hannock, Harrig, Haswell, Hathaway, Kellert, Lomax, J. J. Lyons, Mann, Mount, Stapleton, and Todd.

E. S. Haswell, M. D., *Secretary.*

Medical News

THE ALBANY GUILD FOR THE CARE OF THE SICK.—REPORT FOR MONTH OF APRIL, 1918.—Number of new cases during month, 206; classified as follows: Dispensary patients receiving home care, 38, 27 S. S.; District cases reported by health physicians, 5; charity cases reported by other physicians, 22 (4 prenatals); moderate income patients, 72 (1 prenatal); Metropolitan patients, 58 (10 prenatals); social service, 11; old cases still under treatment, 84; total number of cases under nursing care during month, 290. Classification of diseases for the new cases: Social, 38; medical, 52; surgical, 2; gynecological, 8; obstetrical under professional care, mothers 26, infants 32; prenatal, 15; eye and ear, 6; skin, 2; throat and nose, 1; dental, 0; infectious diseases in the medical list, 23; infectious diseases in the surgical list, 1. Disposition: S. S. discharged, 37; removed to hospitals, 15; deaths, 2; discharged cured, 65; discharged improved, 58; discharged unimproved, 16; number of patients still remaining under care, 97.

Special Obstetrical Department.—Number of obstetricians in charge of cases, 3; Number of students in attendance, 2; number of nurses in attendance, 5; number of patients carried over from last month, 2; number of new patients during month, 3; number of patients discharged, 4; number of visits by Head Obstetrician, 1 (Dr. Winnie); number of visits by the attending obstetrician, 22; number of visits by students, 29; number of visits by nurses, 33; total number of visits for this department, 85.

Visits of Nurses (all departments).—Number of visits with nursing treatment, 919; for professional supervision of convalescents, 842; total number of visits, 1761; cases reported to the Guild by 3 health physicians and 30 other physicians: graduate nurses 10; substitute nurses 2, on duty.

Dispensary Report.—Number of clinics held, 86; number of new patients, 109; number of old patients, 458; total number of patients treated during month, 567. Classification of clinics held: Surgical, 7; nose and throat, 9; eye and ear, 18; skin and G. U., 5; medical, 9; prenatal, 4; lung, 9; dental, 0; nervous, 5; stomach, 2; children, 9; gynecological, 9.

Signed, F. FREEMAN, *Superintendent.*

MEDICAL SERVICE OF THE ARMY AND NAVY.—Dr. EDGAR R. STILLMAN (A. M. C. '99), of Troy, N. Y., 1st lieutenant in the Medical Reserve Corps, has been assigned to duty as instructor at the Rockefeller Institute for Medical Research, New York City.

—Dr. PHILIP C. HACKER (A. M. C. '10), with rank of Captain, of Field Hospital No. 106, Spartanburg, S. C., has been transferred to the Sanitary Department of the 108th Infantry Regiment at Spartanburg, S. C.

—Dr. CHESTER V. VAN GAASBECK (A. M. C. '17), of Kingston, N. Y., with rank of Senior Lieutenant in the United States Navy, is in transport service.

—Dr. Thomas W. Jenkins (A. M. C. '93), Captain at Camp Sevier, has been transferred to the Field Hospital Camp, Gettysburg, Pennsylvania.

—Dr. William L. Munson (A. M. C. '08), Granville, N. Y., ranking as Lieutenant has been transferred from Fort Oglethorpe to the Base Hospital at Camp Greene, N. C.

—Dr. Edward J. Riley (A. M. C. '08), a member of the Medical Corps at Camp Yaphank, L. I., has been promoted from first lieutenant to captain. Dr. Riley was associated with the Bellevue Hospital, New York City, at the declaration of war and when the call came for medical men he was one of the first to enlist. Since leaving Rensselaer, about ten years ago, Dr. Riley has been connected with several New York Hospitals.

—Dr. Earl H. Jackson (A. M. C. '02), of Schenectady, N. Y., has received an appointment to the provisional grade of passed surgeon with the rank of lieutenant. Lieutenant Jackson is on duty at the Naval Recruiting Station.

—Dr. J. Lewi Bendell (A. M. C. '07), has received his commission as Captain in the Medical Reserve Corps and is awaiting orders.

—Dr. John Giffen (A. M. C. '97), of Albany, N. Y., has received his commission as lieutenant in the Medical Reserve Corps and is stationed at Madison Barracks, N. Y.

—Dr. Rufus B. Crain (A. M. C. '13), of Chatham, N. Y., commissioned as first lieutenant and on duty with the American Expeditionary Forces, has been reported as slightly wounded in action.

—Dr. Roy E. Smith (A. M. C. '08), of Rutland, Vt., with the rank of lientenant, was reported on April 20 as suffering from the effects of gas. Lieutenant Smith was a member of the Vermont National Guard at Fort Ethan Allen and went into active duty in France with the 101st Infantry, later having been in service with the 104th Hospital Corps.

—Dr. Harry J. Lipes (A. M. C. '97), holding the rank of Major in the Regular Army has sailed for France as Surgeon with the Sixteenth Field Artillery.

—Dr. Stanley E. Alderson (A. M. C. '17), interne at the Albany Hospital has received his commission as lieutenant in the Medical Reserve Corps and has been assigned for instruction at Fort Oglethorpe, Ga.

—Dr. John A. Heatley (A. M. C. '87), of Schenectady, N. Y., with the rank of Captain in the Medical Reserve Corps has been assigned for temporary military duty at Fort Porter, N. Y.

—Dr. Peter F. Purcell (A. M. C. '11), of Schenectady, N. Y., with commission as lieutenant in the Medical Reserve Corps has been ordered for duty to the Base Hospital at Camp Wheeler, Macon, Ga.

—Dr. Joseph A. Lanahan (A. M. C. '99), of Albany, N. Y., ranking as Captain, has been assigned to the Base Hospital at Camp Hancock, Augusta, Ga.

—Dr. Andrew MacFarlane (A. M. C. '87), of Albany, N. Y., with

commission as Major, has been assigned to the Base Hospital at Camp Gordon, Atlanta, Ga., to examine recruits for Cardio-vascular diseases.

—Dr. William A. Ackroyd (A. M. C. '13), of East Schodack, N. Y., with commission as lieutenant has been ordered for duty to the Base Hospital at Camp Lee, Petersburg, Va.

—Dr. Milton Aronowitz (A. M. C. '17), of Albany, N. Y., with commission as lieutenant, has been ordered for instruction to Fort Oglethorpe, Ga.

—Dr. Floyd H. Moore (A. M. C. '12), of Herkimer, N. Y., with commission as lieutenant, has been ordered to Williams Bridge, N. Y.

—Dr. N. K. Fromm (A. M. C. '08), of Albany, N. Y., has resigned his commission as Captain in the Medical Reserve Corps and the resignation has been accepted.

—Dr. John A. Battin (A. M. C. '08), is reported as having been severely wounded on or about May 24, 1918, while in action near Amiens. At the outbreak of the war Dr. Battin left his practice at Westport on Lake Champlain and received his commission as captain on July 25, 1917. He sailed for active service in France on August 18, 1917. He is reported to have been retired to the Queen Alexander Hospital in London.

Personals.—Dr. William G. Lewi (A. M. C. '92), has removed to 236 Lark St., Albany, N. Y.

—Dr. Chester E. H. Tracy (A. M. C. '04), has removed from Castleton, N. Y., to Schenectady, N. Y.

Died.—Dr. Clarence A. Chaloner (A. M. C. '81), died suddenly of heart disease at his home in Stephentown, on March 20, 1918. Dr. Chaloner had been in active practice at Stephentown since his graduation from the college.

—Dr. Edmond F. Fish (A. M. C. '79), died at his home in Milwaukee, Wis., January 21, 1918.

—Dr. Richard L. Stoddard (A. M. C. '95), died at his home in East Rochester, N. Y., on April 28, 1918.

—Dr. Alphonzo C. Dorval (A. M. C. '89), died at his home in Whitehall, N. Y., on December 3, 1917.

In Memoriam

Merritt B. Fairchild, M. D.

Dr. Merritt B. Fairchild, a graduate of the State Normal School in Albany in 1864 and of the Albany Medical College in 1868, died at his home in Syracuse on May 17, 1918, at the age of seventy-nine years. Dr. Fairchild had been in failing health for two years before his death, his decline having followed an injury resulting from a kick by a horse. In 1870 and in 1879, Dr. Fairchild was health officer of the City of

Syracuse. He was president of the staff of the Syracuse Home Association for many years and was a member of the Medical Society of the State of New York and of the Central New York and Onondaga County Medical Societies, and was a charter member of the Syracuse Academy of Medicine.

★ Whitney H. Joyce, M. D.

Dr. Whitney H. Joyce, an alumnus of the Albany Medical College of the class of 1913, died in France on May 17, 1918, of wounds received in service. Dr. Joyce had been in France six months, after preliminary training in England.

Dr. Joyce received his preliminary education in the Unadilla High School after which he entered the Albany Medical College. He was a member of the Omega Upsilon Phi Fraternity, of the Otsego Medical Society, of the New York State Medical Society and of the American Medical Association. After graduation from the Albany Medical College, Dr. Joyce began the practice of medicine at his home in Unadilla and remained there until he engaged in the service of his country in the war.

★ John Dening Arnett, M. D.

Dr. John Dening Arnett, of Albion, N. Y., a graduate of the Albany Medical College with the class of 1914, has been reported as killed in action in France on April 16th, 1918. Dr. Arnett, at the time of his death, held the commission of lieutenant.

Dr. Arnett was a native of Millville. He was graduated from the Medina High School and then attended the Albany Medical College He was a practicing physician at Pavilion, when, on January 7, 1917, he married Miss Sayers. He answered the call of his country for the services of physicians last year and a few days after volunteering in the United States army medical reserve was called to Washington, and sailed from New York on September 18, 1917, on the ill-fated steamer St. Paul, now sunk in New York.

He was detailed by the United States military authorities for service with the British Royal Army Medical corps at Portsmouth, England, where he served in a military hospital two months before being transferred to a military hospital at Winchester, England. Later he was transferred to the Fifth General Hospital, South Sea, England, attending the wounded the first week they came from the French trenches.

Dr. Arnett landed in France on his first wedding anniversary, January 7, 1918, and immediately went to the front line, where he was in charge of a front line dressing station with the Ninety-ninth Field ambulance, British expeditionary forces.

He wrote numerous letters home giving vivid descriptions of war conditions as he experienced them as a physician. His last letter to arrive was written in a German pill box where he had his dressing station, only a short distance from German trenches.

Current Medical Literature

REVIEWS AND NOTICES OF BOOKS

Food for the Sick. A Manual for Physician and Patient, by SOLOMON STROUSE, M. D., Associate Attending Physician, the Michael Reese Hospital; Professor of Medicine at the Post Graduate Medical School, Chicago; and MAUDE A. PERRY, Dietitian at the Michael Reese Hospital, Chicago. 12m. of 270 pages, Philadelphia and London: W. B. Saunders Company, 1917. Cloth $1.50 net.

As the title indicates, the book is intended for the guidance of the physician and patient. It will also be found very useful for the nurse or persons having sick people under their care. The book is written in a language which can easily be understood by the laymen, thus serving for the physician as a practical guide book for imparting instructions to the patient as to the proper food, the reasons for it and its preparation.

The first part of the book is devoted to the opening chapter on food and its uses along with a table on average composition of common American food products, also tables of standard dietaries and menus for normal individuals. The remaining chapters are devoted to diets in various diseased conditions as diabetes mellitus, gout, diseases of kidney, of heart, of stomach, of intestine, of liver, of respiratory system, of skin, in fevers, in obesity and in anemia, scurvy, and goiter. Preceding the diets and menus the physiology and pathology of each condition, as far as it relates to indications for diets, are given with the principles involved. Particularly helpful are the complete details of the diet with instructions in the preparation of the food and also the numerous menus. The volume is of small size but contains quite a good deal of information.

A. K.

A Manual of Nervous Diseases. By IRVING J. SPEAR, M. D., Professor of Neurology at the University of Maryland, Baltimore. With 172 illustrations. Philadelphia and London: W. B. Saunders Company, 1916.

Dr. Spears' Manual is a concise and exact synopsis of the nervous system in health and disease. The section on anatomy and physiology is an admirable introduction to morbid nervous activities. It is followed by a comprehensive scheme of examination of the patient, which is entirely useful and practical. What may be called the mechanical diseases of the nervous system, those whose manifestations are directly due to perversion or destruction of some definite anatomical structure, are next described, and the later chapters are devoted to the more obscure effects of disorders of the ductless glands, the vaso-motor organism and the tropho-neuroses.

As the author announces, the book is a manual, and as such, is a clear statement of facts, theories and hypotheses being avoided. It fulfills its purpose, and is convenient for ready reference.

VOL. XXXIX JULY, 1918 No. 7

ALBANY MEDICAL ANNALS

Original Communications

THE MEDICAL PROFESSION IN THE PRESENT WAR

PRESIDENTIAL ADDRESS

Delivered before the Medical Society of the County of Albany, May 16th, 1918.

By HOWARD E. LOMAX, M. D.

Captain, M. R. C., U. S. Army;
President, Examining Board, Medical Reserve Corps, U. S. Army;
President, Medical Society of the County of Albany, Albany, N. Y.

[Publication authorized by the Surgeon-General]

It was a medical man who prophesied the present war; for some fifteen years ago, a student of mine, in the dissecting room of the Albany Medical College, in a conversation with me, likened the political and general situation in Europe at that time to an immense barn filled with hay, the hay saturated with kerosene oil, the only thing needed to start a roaring conflagration being a match.

Despite the fact that he had been highly educated in the various educational centers of Europe, had traveled far and wide and was a man of wealth and marked ability, I must confess that I looked upon him at that time as a mere dreamer. But alas! his dream was only too true; for eleven years later the assassination of a single man was the needed match that started the greatest political, social and moral conflagration the world has ever known; and this conflagration has swept from shore to shore, from country to country, until now the flames have leaped across the Atlantic and are lapping at the very shores of the most peaceful, the most noble, the grandest, the greatest country God ever created.

But, gentlemen, the flames of selfish aggression, the flames that violate the rights of others, the flames that have been feeding upon the justice, the liberty and the honorable institutions of other countries, have at last on the shores of the great United States, reached timber that will not burn. Every decent American man, woman and child is up in arms and will use every available, honorable means to completely and forever quench the damnable flames of injustice, iron rule and military force with all its horrors. Now, mark you, gentlemen, I said honorable means; because the people of the United States are a cultured nation, cultured in the highest and broadest sense of the word, and no means will ever be employed that will result in the slaughter of innocent children, the violation of the sacred rights of defenseless women and the annihilation of the already ruined, aged, lame and blind.

No, gentlemen, we are in this war not to destroy and dismember, but to create and save. We are in this war "to give alms to the poor, feed the hungry, clothe the naked and bind up the wounds of the afflicted."

To this great end, the medical profession, as is usual in all great events, has stepped forward to the front ranks of duty and every American doctor, old and young, is proud in being an effective aid to his government in winning this great war. Doctors who are not wearing the uniform of the United States soldier or sailor are lending their abilities, their brains and their dollars to the men who are wearing the uniform. I know I speak the sentiment of all military and naval doctors when I say they are glad that circumstances permit them to wear the uniform of the United States and they feel sorry for those doctors who, through no fault of their own and under circumstances over which they have no control, are not permitted to share with them this great honor. Doctors, as civilians, have ever stood ready to do their duty; and so again doctors, as soldiers, are standing ready to do their duty and do it well. The doctors in uniform only hope that God will give them health and strength, so that "when swords are beaten into plowshares and spears into pruning hooks," dead or alive, they will be an honor to their

country, their state and their profession and a credit to their families and themselves.

It is indeed mete then, that I should at this time select as my subject for the president's address, "The Medical Profession in the Present War;" the more so because at the very dawn of this war, the medical men were the first in the field, the first to be wounded, the first to be killed in battle. The first man from Albany County to be wounded was Lieutenant Thomas Holmes, M. R. C., a physician from Delmar, whom we all know and honor.

"Within his breast, to duty true, no shrinking spirit dwells.
Oft has he served, and fallen too, beneath the screaming shells;
The hope to succor and to save, his one ambitious thought;
If honors come to mark the brave, they come to him unsought"(1)

The Medical Corps was the first to make up its full quota and is, with the largest reserve, the most completely organized corps of the army; and all this has been brought about by the remarkable and creditable response of the medical profession.

"Between the living and the dead, the Army surgeon stands,
And life, oft hanging by a thread, lies in his skillful hands;
A soldier at his country's call, he draws no faltering breath,
But fights that mightiest foe of all, the final victor, Death." (1)

These medical men have been earnest and grave and have patriotically sacrificed everything to perform their duty, that they might splendidly uphold the high ideals of our profession for courage and devotion. In this connection, that there might be the highest efficiency, there has existed from the very beginning, the most complete harmony between the Medical Corps and the Medical Reserve Corps. All these are indeed tributes to the medical profession and reflect honor on every doctor, be he a regular army officer or one fresh from the ranks of the civilians.

Just now, at the threshold of the war, over 21,000 physicians have been recommended for commissions in the medical reserve corps and 18,773 have received commissions, as follows: 1,252 majors; 4,584 captains; and 12,937 first lieutenants. The medical corps has an approximate strength of 843 officers with the

following ranks: 1 major general, 65 colonels, 110 lieutenant colonels, 297 majors, 1 captain and 369 lieutenants. In addition to this, the medical corps of the National Guard in the federal service totals 1,205 officers and includes 19 lieutenant colonels, 246 majors, 150 captains and 790 lieutenants. There are 3 brigadier generals, 12 colonels, 91 lieutenant colonels and 8 majors in the medical corps of the National Army.

Approximately 18,773 physicians have received commissions, of whom 16,552 are already on active duty. There are about 722 officers in the Sanitary Corps and some 135 officers in the ambulance service. A sufficient number of medical officers are available for assignment to an army of nearly 2,000,000 men. While this is a fact, Col. Robert E. Noble says (2): "We need medical officers, more medical officers, and yet more." To this appeal there has been a generous response of medical talent.

This magnificent array of talent is made up from physicians in all walks of life, from the obscure but wise country doctor to the renowned, city consultant and includes some of our most distinguished specialists in surgery, medicine and the specialties, all united in a strong organization to master the medico-military problems of a gigantic military turmoil with its strange and novel features.

These strange and novel features are indeed both medical and surgical. Of the medical features, the first of importance is the science and practice of military hygiene. The great improvement in laboratory and experimental methods and the application of these to hygienic problems, coupled with the experience of our army surgeons, have given rise to definite and complete ideas and these ideas are being taught in instruction camps to civilian physicians now in the service.

The physician then will soon know the vitally important things to do; how to apply and how to carry out scientific measures along lines that will render camp diseases no longer serious matters and the medical officer will get satisfactory results in handling the difficult problems presented in the hygiene of the habitation, habits and person of the soldier and in the food, water and, most important of all, disposition of camp waste. All this the medical officer will do by simple advice and suggestion.

For the very satisfactory arrangement of our present military sanitation we are indebted to such able men as Col. Henry P. Birmingham, Major Paul F. Straub, (3), Col. W. B. Banister and Major R. B. Miller, who worked out the details at a divisional manoeuvre camp at San Antonio in 1911 and again, a little later, at Galveston. Since then, Lieut. Col. Champe C. McCulloch, Jr., professor of Military Hygiene in the Army Medical School has by his teachings and with his able pen (4, 5, 6, 7) done much in the dissemination of valuable knowledge which is sure to accomplish real results. Major Vedder (7) under authority of the Surgeon General and the Advisory Committee of National Defense, has lately designed a little book for the use of the physician in the field, which contains much valuable and useful information, especially concerning trench sanitation.

As long ago as 1914, Col. H. P. Birmingham, Lieut. Col. P. F. Straub and Maj. C. R. Darnall prepared a most useful handbook "Drill Regulations Sanitary Troops," which covers the subject so well that it is still in general use. For reference purposes, standard works, such as "Harvard's Military Hygiene" and "Leland's Sanitation in War" are freely used and the War Department will from time to time issue circulars on special subjects, so that the men in the field will be kept appraised of new conditions as they arise.

In addition to all this, sanitarians, bacteriologists and laboratory experts are going from camp to camp, studying conditions and acting as teachers and instructors of others. Thus, the medical officer, with some necessary diplomacy, by faithfully and intelligently performing his duty, will, with the active disciplinary cooperation of the line officer, discharge his first duty in the stress and strain of army life.

The first duty of the physician is indeed to prevent disease; but the approaching military whirlwind will stir up and scatter dust, germs, flies, vermin, heat, cold and dampness, which will settle upon our soldiers, and the medical officer will be called upon to perform his second great duty, that of treating disease and alleviating the pangs of the sick. Here, at the very start, he must be most keen in making a correct diagnosis. This is es-

pecially true in the differential diagnosis of typhoid, paratyphoid, malaria and the so called trench fever; because, despite such weapons of defense as inoculations against typhoid, the mixed vaccine of paratyphoid, types A and B, and the prophylactic value of the daily use of quinine, these conditions may arise from the use of inert vaccines and serums, as happened to the English and French in the early part of the war, when an inert antimeningitic serum was used in the treatment of cerebrospinal fever.

In France, tuberculosis is such a serious medical problem that the American doctor must exercise every caution in the detection of this frightful disease and must be able to recognize not only the active and open tuberculous processes, but the latent ones as well. Here it is that the American medical profession is doing a phenomenally great work; for under the supervision of the Surgeon General, a carefully selected and most competent corps of specialists are traveling from camp to camp, searching every soldier for the presence of tuberculosis. Maj. Henry F. Stoll, M. R. C., (8) instructor in tuberculosis examinations, Army Medical School, and tuberculosis specialist Walter Reed, General Hospital, Washington, D. C., has devised a system for the rapid and thorough examination of the lungs, in which he emphasizes the essential points and arranges them in groups of three. This system is very condense, simple and easy to remember and by it he trusts the examiner will receive "a maximum amount of information in a minimum of time." A careful perusal of the literature shows this system to be the most systematic one and consequently it ought to be highly appreciated, not only by the army examiner, but by the civilian physician as well.

A score of specialists is, in a direct and concise way, doing a like work in the detection of degenerative diseases of early adult life, concentrating their attention on the victims of nervous and mental diseases and carefully scrutinizing each soldier in order to discover abnormal cardiovascular, eye, ear, nose, throat and abdominal conditions, together with anything of a contagious character. Special attention is given to cardiovascular, mental, nervous and venereal diseases. These systematic examinations are separating the physically and mentally fit from the unfit and are saving the government thousands of dollars; for it is useless to

continue the maintenance of the unfit. They are also forestalling pension claims.

Maj. Pearce Bailey, M. R. C., Director General of Nervous and Mental Diseases, has not only utilized the services of specialists to work among our own soldiers, but has gone further and eight medical officers were detailed for study of war psychoneuroses in special shell shock hospitals in England and Scotland. Capt. J. M. Wolfsohn, M. R. C., gives an interesting and instructive summary of these studies, (9) the conclusion of which shows that out of 100 cases studied, a large percentage occurred in soldiers of a neuropathic or psychopathic soil. This alone shows that the weeding out of all mental and nervous victims is most essential to a satisfactory continuance of our army.

Special war diseases are receiving keen clinical and experimental investigation, as is seen in the works of Majors Sweet and Norris and Lieut. Wilmer, (10) who have made a special study of a disease grouped under the name of angiotrophoneuroses, resembling in civil practice Raynaud's disease and commonly known in the army as "trench foot."

Disease has been the devastating agent in past wars and this will probably be the first war in which high mortalities will follow in the wake of wounds. Nevertheless, the medical officer must exercise the utmost vigilance in employing modern measures in the treatment of pneumonia, bronchitis, dysentery, cerebrospinal fever and the various eruptive fevers, because the unusual circumstances brought about by this war are already proving their influence in rendering soldiers liable to these diseases and they are the undercurrent which is sucking at the capacity for service. It is these diseases that are "furnishing aid and comfort to the enemy." For this reason, there has been much activity on the part of the heads in Washington to see that men in the service receive a full share of instruction in the care and treatment of these important diseases. To this end, men in the service are receiving special instruction, not only in the field, but in the various hospital centers of the country.

These instructions are being augmented by the observations of such men as Lee (11), Fauntleroy (12) Hornbogen (13) Keene (14 and 15) Powell (16) and Welch (17). Lee and Welch

devote much space to the medical side, while the others write more from the surgical view. Roger I. Lee (11) a member of the Second Harvard Unit, had abundant opportunities to observe the medical aspects of the war while stationed at a British base hospital at Camiers, France. The data collected by him shows that typhoid was a rarity in the army. However, a number of cases in the civilian population showed that it was an ever constant menace. Paratyphoid was more common than typhoid. Diarrhoeas were notoriously infrequent. Measles, mumps, scarlet fever and venereal diseases ran the usual number. Scabies was still frequent. There were many cases of so called "trench rheumatism" with no cardiac complications. He gives a good description of a new clinical entity called "trench nephritis." About fifty per cent of the medical cases were functional nervous disturbances. "Shock" embraced a large variety of these functional disturbances, with a definite etiological factor, such as being gassed, explosion of shells, being buried, prolonged artillery fire and the wear and tear of trench life.

Dr. W. H. Welch (17) had a great opportunity to observe "the things which stand out" and is in possession of information which will be most valuable to our men in the service.

Because of the fact that the men "over there" are so busy and are so absorbed in their work, there is a literary dearth of the medical and surgical conditions as they exist in the real theatre of war, so that the personal experiences of such able observers as Welch, Sweet, Hodge, Cowell and Fauntleroy will prove of value both to the physician and surgeon. Major Sweet and Captain Hodge (18) give a second report of their experiences in the treatment of war wounds by the use of Dakin's solution, in which their discussion is limited to surgical failures. In these cases, Captain E. B. Krumbhaar, of our own army, made a bacteriological study of 136 examinations, by smear, by culture, or by both methods, of 51 wounds. These studies seem to be convincing proof that the technic is simple and that such sterilization is followed in a variable length of time by sterility, both clinical and bacteriological. The entire report covers the treatment of 680 severe wounds as follows: 30 amputations, 94 compound fractures of the upper extremity; 74 compound fractures of the

lower extremities, 31 severe buttock wounds, 82 severe miscellaneous wounds of the head, face and neck; 200 severe wounds of the leg and 131 severe wounds of the arm. There were 12 deaths in which post mortem examinations showed that two died from anaerobic septicemia, two from infected foreign bodies in the brain, one of septic peritonitis, one of broncho-pneumonia, two of traumatic meningitis, one from septicemia following penetrating wound of the sacro-iliac joint, one from pyemia (abscess in the lungs) one from edema of the lungs with septicemia. The report of Sweet and Hodge is important as it shows that the sterilization of all wounds, whether relatively clean or foul and stinking, can be rapidly accomplished by the use of Dakin's solution, the time required for the sterilization depending upon the extent of the infection and the character of the micro-organisms present.

Captain E. M. Cowell (19 and 21) has made a special study of "shell shock," as have Captains W. B. Cannon (20 and 21) and John Fraser (21). These studies have been made in France and are fully recorded in the *Journal of the American Medical Association,* Vol. 70, No. 9, pages 607, 611 and 618.

A. M. Fauntleroy, Surgeon, U. S. Navy, was one of the first American surgeons to enter the actual field of war. His report (12) on the medico-military aspects, based on personal observations taken behind the allied armies in France, is a masterpiece. He covers the ground thoroughly, taking in all subjects, from the military organization and equipment to the French army ration.

In this country, in the Psychological Laboratory of the Washington University Medical School, in cooperation with the National Research Council, Erlanger, Gesell, Gasser and Elliott (22) are making a physiological investigation of surgical shocks, a preliminary report of which is likewise found in the *Journal of the American Medical Association,* page 2089, Vol. 69, No. 25.

All the above works are stepping-stones in the highway of present day surgery and should be noted by both the army and civilian surgeon.

Medico-military administrators are an absolute necessity, whether in the trench, the camp or in the hospital, and must be in control of all medical department affairs. Thus, the doctor must be a good bookkeeper and well able to conduct business

transactions. In order to do good work, he must be able to keep reliable and accurate statistics, because statistics are the keystones in the arches that support the very foundation upon which rests the most effective work in all branches of military science. Medical records form reliable information for sanitation, for the kind and number of sick, are often the means by which the soldier and his family receive justice and may even be an aid to the military commander. The British have learned that the competent medical staff officer is of immense value and the American army is fast coming to appreciate his services, for paper work and so called "red tape" are being taught by experienced medico-military administrators to recently appointed medical officers and while this special training has been intensive, it has also been extensive.

It is the surgeon who shines and in this war, the surgeon will shine with more brilliancy than ever before, because in this war bullets will do more harm than bacteria. The 42 centimeter gun, the artillery of all calibres, the hand grenade and poisonous gasses are modern weapons of overwhelming destructiveness, which will open up new and distinctive surgical marvels.

Trench fighting, with its plaster of mud and dust and dirty water, the large, ragged and often multiple wounds from shrapnel and extensive trauma from all causes, in which modern first aid methods are failures in the prevention of infection, will present a most important and interesting study for the surgeon. His first study will be how to fight pyogenic organisms, tetanus and gas bacillus infection; for the surgery of the present war is most essentially the surgery of infected wounds. Modern warfare is unparalleled and while our military surgery, founded upon experience gained in past wars, is valuable and important, it is the new conditions that are raining down and that are furnishing the vital problems for the surgeon.

First, there is the great problem of the evacuation and care of the wounded; and this subject was among the first to receive the attention and careful study of the entire medical profession. Ambulance units were organized all over the country, fully equipped and thoroughly trained; and these will stand out prominently in keeping pace with the means of destroying life. Prompt-

ness in handling the wounded is the great essential; for time must not be allowed for infection to make rapid progress. Infective organisms must be destroyed early and infection limited. Modern warfare has manifestly taught us that the wounded must be skilfully and quickly transported from the battle line to a hospital, as every hour increases the danger and extent of infection. First aid dressings and modern first aid methods, even when properly and promptly applied, are ineffective. The first care of the wounded will be given in the advance stations, usually in trenches or dugouts, very close to the front, after which, with a remarkable degree of efficiency, they will be passed back. Prophylactic injections of anti-tetanic serum must be used and used early and, as we have no serum that will prevent gas bacillus infection, thorough prophylactic measures must be relied upon, and these must be used early. It is to be hoped that the bacteriological study of Weinberg and Seguin (23) will result in a specific treatment for gaseous gangrene.

The motor ambulance, in skilled hands, will help out in the rapid transportation of wounded and will go a long way in helping to solve this difficult problem of infection.

Antiseptics having proved failures, Dr. Dakin, a New York chemist, after most painstaking experimentation, developed an antiseptic which is almost specific and which in the hands of Carrel and others proved most effective in treating septic and sloughing wounds. As you already know, it is a solution of water and hypochlorite of soda. Constant irrigation and immersion are the most adequate methods in treating septic wounds; the earlier employed the better.

It has been found almost impossible to dress wounds on the firing line and so various dressing stations back from the lines have been instituted and here modern methods of disinfection, fixation, prophylactic injections and the like will be promptly applied by a corps of men specially taught in this work. These stations are quite fully equipped and will be situated at points easily reached by an ambulance. Then, by the use of the automobile surgical ambulance, the wounded can be taken to the base hospital, or, indeed, the surgical ambulance can be taken to the wounded soldier, where he will receive earlier and better

attention, with less discomfort, in a fully equipped, movable operating room and at the hands of a skilled surgical unit. Further back, it may be necessary to form what might be called distributing centers, with a bed capacity of 100 to 500, and here patients could be classified and sent to base hospitals or to various special hospitals. These field hospitals, or hospitals at the front, are movable, carry a full equipment and are under the care of specially trained men, presided over by a chief medical officer, accompanied by a medical personnel and representatives from the quartermaster and commissary departments.

These field hospitals are not as fully equipped as the base hospitals and the treatment is usually temporary. The patient may stay several days and even be operated upon. At any rate, he is more thoroughly looked after than when in the trench. From here he is sent to the casualty clearing station and from the casualty clearing station to a base or semi-base hospital.

Base hospitals may be situated at any point behind the lines and while it has been usual to group them in some well protected village or town, these hospitals are being located nearer and nearer the front, because of the great advantage they afford in the immediate treatment of the injured. The great advantage of these base hospitals was so early recognized by the medical profession that from the very start base hospital units were organized in various sections of the country by men prominent as teachers, operators and specialists. Under authority of the United States Army and financed mostly by the Red Cross, these base hospitals have become the principal centers for directing the surgical work of the war. Their medical personnel is made up of the highest type of specialists, men of marked ability and men of broad experience. Every specialty is represented and specialization will be carried to a high degree, as each hospital is fully equipped with every possible up to date appliance used in the prevention, alleviation and cure of disease and in the treatment of every known surgical condition. Ample opportunity has been fully allowed for the active cooperation of the medical, quartermaster and commissary corps.

The nursing staff is made up of the most efficient and most highly trained body of noble women, who have patriotically volun-

teered their services. In these hospitals every art, every profession and every trade will be represented by men who have had special experience and instruction. Up to this time, the base hospitals have not played the rôle of active operating centers; and this is probably because the whole question of handling the wounded is still in a transitional state.

It is altogether likely that these base hospitals, numerous as they are, will soon fill up and again the patients must be classified and sent to various special hospitals. In order to furnish prompt and efficient evacuation from base hospitals without confusion, the Army Medical Service and the Red Cross have provided hospital trains, with a corps of doctors and nurses. These hospital trains will accommodate two or three hundred. In this way patients can be transported to army hospitals, special hospitals, or civilian hospitals in large cities. The army hospital is a military construction, built after the barrack type.

Under the direction of distributing officers, the patient may be sent to such a hospital as is being conducted by Dr. Blake, which is located in a school building and has some two hundred and fifty beds, or he may be sent to Paris, Boulogne, or indeed may be carried across the channel to some English hospital. If his recovery is far advanced, he may be sent to one of the many convalescent homes, or, if his injury or sickness is of a special sort, he may be sent to some special hospital, such as hospitals for the reception of fractures, neurasthenia, "shock cases," the blind, the so called "soldier's heart," trench fever, trench foot, trench nephritis, special head, chest and abdominal wounds. For instance, Maudesley Hospital is given over entirely to cases of shell shock or shell psychasthenia; at West Hempstead there is a heart hospital and at Cliveden some wards are given over to the special care of all sorts of "trench conditions;" in Paris there is an institution conducted by Miss Winifred Holt for the industrial training of the blind; at Udine (25) there is a hospital containing some 2,500 fracture cases, while another hospital treats nothing but gunshot wounds of the chest. Dr. Bastanelli is in charge of such a hospital and here Professor Morelli invented an improved aspirator for draining fluids from the chest, by the use of which he had no deaths in one hundred cases.

The United States will maintain in Europe a most extensive hospital system, with professional staffs made up of men of the best brains and skill. In this country, the hospitals will be of two types; convalescent and reconstruction. Under this plan, there will be a double system of hospitals; one for the care of the sick and wounded in Europe and one for a like service in this country.

Undoubtedly special hospitals will be expanded as necessities arise, so that there will be hospitals for the reception of orthopedic cases only. Men in the service who have a special aptitude for this kind of work are receiving intensive orthopedic instruction, so that these hospitals will be in competent, well trained hands. In these hospitals new machines will be erected to meet the needs of the crippled; there will be new apparatus for the restoration of lost function and the most improved methods in the application of artificial limbs will go along on a large scale. Every means known to science will be utilized in the correction of deformities. In this theatre, as in other theatres, the Roentgen Ray will play such an important part that unlimited privileges for the development of this science are afforded.

An intimate part of the present medical system are the courses of instruction pursued in various neurological institutes, Roentgen Ray laboratories, large hospital clinics and dispensaries and special institutions, such as the Army Medical School, the Government Hospital for Insane and the Rockefeller Institute, in all of which an ideal intensive training is going on, under military authority, each man in his favorite field seeking the scientific solutions of the endless and difficult problems associated with this war.

The prevention of venereal and other communicable diseases is receiving strict attention in pursuance of a general plan of cooperation by both military and public health authorities.

In Bologna, the Rizzoli Institute is making rapid progress in the re-education of lost functions, so that similar novelties, under the direction of the medical service, will soon spring up in this country. Here there will be the specialized forms of physical drill for rehabilitating various lost functions. After the lost function has been partially restored, the patient will receive some

sort of education or be taught a trade most suitable to his condition.

All this gigantic work is being done by medical men wearing the uniform of the United States soldier and sailor. There is a great army of medical men who, through no fault of their own, are not wearing the United States uniform, but who are, nevertheless, active centers in this great medical service. First, there is an advisory regiment, made up of the medical section of the Advisory Committee of the National Defense; men who are warding off the enemy by furnishing munitions of wisdom and counsel and advice. Right here in our own midst there is a little company, The Clinical Club, the members of which spent weeks working out a scheme that met with such approval that it is known all over the United States as the "Albany idea." The draft exemption boards, a whole army in themselves, are serving their country in no less measure than those who go to the front. These men, wearing no insignia and with little or no pay, are remaining at their posts far into the night, faithfully and intelligently performing the great duty of sifting the fit from the unfit. These complete physical examinations are not only of value to the army, but to the individual and nation as well; to the individual, in directing attention to his disabilities and indicating the necessity of intelligent care in improving the general health; to the nation, in bringing to light the appalling lack of efficiency in men of early adult life, men in the very prime of life, who, when they ought to be in the highest state of physical vigor, are found to be victims of disabilities. These examinations are teaching the whole nation many valuable lessons in public health and these draft doctors are cultivating a new field, the proper tilling of which will bring forth valuable fruit for future generations.

The Medical Advisory Boards, made up of an army of specialists, with no financial or material consideration from the government, are straining every nerve that they may give their full measure in rendering their duty. Their efficient service is saving the nation untold expense, eliminating the victims of disability due to disease and deformity and concentrating their attention upon the serious effects of abuse, bad habits, ignorance and

neglect, all of which are surprisingly high factors in the causation of degenerative changes in early adult life.

Robert Louis Stevenson says "the physician is the flower of our civilization." In this war, the flower of civilization, perfumed with genuine idealism, is casting precious odors to the four winds of Heaven, that they may be freely inhaled alike by sick and well and that the refreshing fragrance of justice, right and liberty may bring eternal peace and prosperity to all mankind.

Lieut. Col. John McCrae, the distinguished lecturer, author and poet from Montreal, was on January 28th fatally stung with the fangs of pneumonia. The author of "In Flanders' Fields" (24) has fallen in life's battle "full knightly with his armor on, prepared for knightly deeds," sending to the living this important message:

> "Take up our quarrel with the foe,
> To you from falling hands we throw
> The torch—be yours to hold it high.
> If ye break faith with us who die,
> We shall not sleep though poppies grow
> In Flanders' fields."

It is the young medical men who must take up the torch of McCrae and "hold it high." My past experience as a teacher of medical students fills me with most profound confidence in young medical men and I know these young men will pick up the torch from fallen hands and "hold it high" over the top in No Man's Land, if need be, with their faces toward hell, dealing out to friend and foe alike that unrestrained mercy which is the glorious attribute of the Son of God. And if they fall, as many must, they will be welcomed with the blessed words "Well done, good and faithful servant; enter thou into the Kingdom of Heaven."

Thus far, I have only reaped from the ground already plowed, gathering from seed sown by others, so that this paper contains nothing new or original. The data I have collected as examiner in the Medical Reserve Corps has not as yet fully crystallized. Later on, I hope to make it the nucleus of a paper bearing some original, scientific value. If this paper will focus a few of the brilliant achievements of the medical profession on the eyes of the

medical sleeper, awakening in him the realization that he too, be he ever so humble, can contribute something to the righteous cause of justice, truth and liberty, I shall be well paid for my labor.

I say this because every physically, mentally and morally qualified graduate of a well recognized medical school should be commissioned in the reserve, in order that the profession may be mobilized as a whole. This alone will produce an adequate medical service, not only for success on the battlefield, but for success in the economical, sociological and political fields, in the salvage and rebuilding of men.

In the preparation of this paper, I am indebted to the Surgeon General and Colonel Champe C. McCulloch, Jr., M. C., who kindly furnished a list of references and a series of reprints.

REFERENCES

No. 1. The Medical Officer.
Poem by R. H. G. OSBORN
Journal American Medical Association.

No. 2. LIEUTENANT COLONEL ROBERT E. NOBLE, M. C.
Needs of the Medical Service
Reprint from *Southern Medical Journal.*

No. 3. STRAUB, PAUL F. *Sanitation of the Maneuver Camp at San Antonio, Texas.*
Mil. Surgeon, 1911, 29, 607.

No. 4. COLONEL C. C. MCCULLOCH, M. C.
Field Sanitary Orders.
Reprint from *Journal American Medical Association,* Vol. 19, pp. 1345 and 1346.

No. 5. LIEUTENANT-COLONEL CHAMPE CARTER MCCULLOCH JR., M. C.
Sanitation in the Trenches.
Reprint from *Journal American Medical Association,* Vol. 19, pp. 81-87 and 183-185.

No. 6. LIEUTENANT C. C. MCCULLOCH, JR., M. C.
Military Hygiene.
Reprint from *The Medical Record,* June 2, 1917.

No. 7. Sanitation for Medical Officers.

No. 8. HENRY FARNUM STOLL, M. D. (Hartford, Conn.)
Simplified Rules for Tuberculosis Examinations.
Journal American Medical Association, Vol. 70, No. 9, p. 605.

No. 9. The Predisposing Factors of War Psychoneuroses.
JULIAN M. WOLFSOHN, M. D. (San Francisco); CAPTAIN M. R. C., U. S. Army.
Journal American Medical Association, Vol. 70, No. 5, p. 303.

No. 10. The Etiology and Treatment of Trench Foot.
JOSHUA E. SWEET, A. M., M. D., Major, M. R. C.; GEORGE W. NORRIS, A. B., M. D., Major, M. R. C.; HARRY B. WILMER, M. D., Lieutenant, M. R. C.
Journal American Medical Association, Vol. 70, No. 7, p. 455.

No. 11. LEE, R. I. Medical Aspects of the War.
Surg. Gynec. and Obst., Chicago, 1916, XXII, 137-139.

No. 12. FAUNTLEROY, T. M. Report on the medico-military aspects of the European war, from observations taken behind the allied armies in France. Washington, 1915.

No. 13. HORNBOGEN, A. W. A review of medicine and surgery, with especial reference to the European war. J. Mich. M. Soc., Grand Rapids, 1916, XV, 415-424.

No. 14. KEAN, J. R. Lessons of the Great War.
Mil. Surgeon, Chicago, 1915, XXXVII, 311-320.

No. 15. KEAN, J. R. Lessons of the Great War.
(Presidential Address) Mil. Surgeon, Washington, 1915, XXXIII.

No. 16. POWELL, C. A consideration of a few of the many lessons in medicine and surgery taught by the present European war.
Colorado Med., Denver, 1916, XIII.

No. 17. WELCH, W. H. Medical Problems of the War.
Bull. Johns Hopkins Hosp., Balt., 1917, n. s., XXVIII, 154-158.
No. 18. J. E. SWEET, M. D. and E. B. DODGE, M. D.
Further Experience with Dakin's Dichloramin in the Treatment of War Wounds. Second Report.
Journal American Medical Association, Vol. 70, No. 9, p. 605.
No. 19. E. M. COWELL, Captain, R. A. M. C., S. R.
The Initiation of Wound Shock.
Journal American Medical Association, Vol. 70, No. 9, p. 707.
No. 20. W. B. CANNON, M. D. (Boston).
A Consideration of the Nature of Wound Shock.
Journal American Medical Association, Vol. 70, No. 9, p. 611.
No. 21. W. B. CANNON, M. D.; JOHN FRASER, M. D.; E. M. COWELL.
The Preventive Treatment of Wound Shock.
Journal American Medical Association, Vol. 70, No. 9, p. 618.
No. 22. JOSEPH ERLANGER, M. D.; ROBERT GESELL, M. D.; HERBERT S. GASSER, M. D; and B. LANDIS ELLIOTT, M. D.
An Experimental Study of Surgical Shock.
Journal American Medical Association, Vol. 69, No. 25, p. 2089.
No. 23. WEINBERG and SEGUIN.
Etudes sur la gangrene gazeuse.
Ann. de l'Inst. Pasteur, 1917, 31, 442.
Editorial in *Journal American Medical Association*, Vol. 69, No. 26.
No. 24. In Flanders' Fields.
Poem by CAPTAIN JOHN MCCRAE.
Journal American Medical Association, Vol. 70, No. 5, p. 316.
No. 25. VICTOR G. HEISER, M. D., New York.
Member American Red Cross Commission to Italy.
Some of the Accomplishments of Italian Medical Men in the War.
Journal American Medical Association, Vol. 70, No. 1.

ACTION OF THE GLUTEUS MAXIMUS AND PYRIFORMIS MUSCLES IN SACRO-ILIAC STRAIN.

Read at a Meeting of the Albany Medical College Society, May 2, 1918,

By JOHN McWILLIAMS BERRY, M. D.,

Clinical Professor of Orthopedics and Roentgenology.

Strain of the sacro-iliac joints may follow an injury, such as: a prolonged strain on the sacro iliac-region; a wrench, a crush, a blow, a fall on the buttocks, the lifting of a heavy weight, etc., etc. It may also be a sequel to disease of the sacro-iliac joint, such as tuberculosis or chronic arthritis. It is sometimes observed in pregnancy, following the relaxation of the ligaments of the pelvis which occurs at that time.

The symptoms of sacro-iliac strain are characterized by a feeling of weakness or instability in the sacro-iliac region and by pain, varying from a dull ache to sharp, shooting pains. The pain may sometimes radiate down the back of the thigh, resembling sciatica, or radiate to the front of the abdomen in the inguinal region. The sharp, shooting pain is apt to occur when the patient bends forward at the waist, or when he rises from a sitting posture and it is specially apt to occur when he assumes the erect position after bending forward from the waist. Work-

ing in a bent-over position or lifting a heavy weight is almost sure to cause an increase of symptoms. Having suffered from sacro-iliac strain for the past year I can speak as one having authority and not as a scribe.

Sacro-iliac strain is very apt to become chronic and persist for a long time and I believe that this is, in large part, due to the action of the gluteus maximus and pyriformis muscles: the explanation of which is as follows.

An examination of the relation between the sacrum and the pelvis shows that from above downward the sacrum is wedge-shaped with the apex downward (*Fig. 1*) . Thus pressure downward on the sacrum tends to wedge it more tightly into the pelvis. Looking downward upon the pelvis the sacrum is wedge-shaped with the apex backward (*Fig. 2*). The same is true of the sacrum when seen from below (*Fig. 3*). Thus pressure backward on the sacrum would tend to wedge it more firmly into the pelvis. The only movement of the sacrum, therefore, is upward or forward.

The sacro-iliac joint surface is not straight but is angulated. The lower portion of the articulation approximates a vertical position and the upper portion a horizontal position (*Fig. 4*). A cross section through the upper or more horizontal portion of the joint (*a Fig. 4*) shows that there is more or less of a dovetailing of the sacrum and pelvic bone (*Fig. 5*). This would restrict any movement of the sacrum directly forward. In a cross-section lower down, through the vertical portion, (*b Fig. 4*) the dovetailing is much less marked or is absent (*Fig. 6*), thus allowing the sacrum to move forward on the pelvic bone.

From the above description it will be seen that it is anatomically possible for the sacrum as a whole to move upward and in its lower portion to move forward. Experiment on the cadaver shows that when the lower portion of the sacrum is moved forward the sacrum as a whole rotates on an axis which runs practically through the vertical center of the sacro-iliac joint. This effect, somewhat exaggerated, is shown in Figure 7. The sacrum is dislocated from the sacro-iliac joint forward in the lower part of the joint and in the upper part the sacrum rides up out of the articulation (*Fig. 7*).

In searching for a cause that will produce the effect described

above, attention is called to the action of the pyriformis and gluteus maximus muscles. The pyriformis muscle arises principally from the anterior surface of the sacrum in the spaces between the second, third and fourth sacral foramina and its tendon is inserted into the upper border of the great trochanter of the femur. This brings the bulk of the muscle attachment below the sacro-iliac joint and in contraction it would have a tendency to pull the lower portion of the sacrum forward (*Fig. 8*)

The gluteus maximus arises in large part from the posterior surface of the lower part of the sacrum and it terminates in a thick tendinous lamina which passes across the great trochanter and is inserted into the fascia lata of the thigh and into the posterior surface of the femur below the great trochanter (*Fig. 9*). The most powerful action of the gluteus maximus is to bring the body into an erect position after stooping.

Figure 10 shows, schematically, the position of the gluteus maximus in relation to the sacrum when the body is erect. In Figure 11 the same thing is shown with the body stooping to a right angle. It can readily be seen what a tremendous leverage would be exerted on the lower part of the sacrum to push it forward when the body is bent forward at the waist, putting the gluteus maximus on a tension and still more so when the body is raised to an erect position by the contraction of the muscle.

I believe that it is this action of the gluteus maximus muscle that is largely responsible for chronic sacro-iliac strain. After the original strain, injury or disease, which loosens the ligaments holding the sacro-iliac joint, has occurred; then every contraction of the gluteus maximus tends to move the lower part of the sacrum forward and partially dislocate the sacro-iliac joint. This explains why the symptoms of sacro-iliac strain are so aggravated by bending forward at the waist; by rising to an erect position after stooping and by lifting a heavy weight.

The bearing of the above on treatment; is to emphasize the necessity of rest, which keeps the gluteus maximus muscle relaxed and free from contraction until the stretched ligaments of the joints have had time to heal and contract. Later the action of the gluteus maximus on the sacrum can be minimized as much as possible by a pelvic support.



FIG. 1

Pelvis seen from in front.
(a) Horizontal portion of sacro-iliac articulation.
(b) Vertical portion of sacro-iliac articulation.

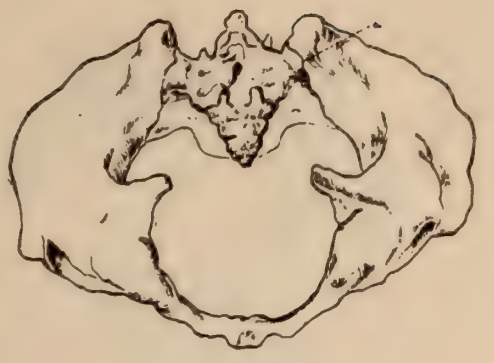


FIG. 3.

Pelvis seen from below.
(a) Sacro-iliac articulation.



FIG. 2.

Pelvis seen from above.
(a) Sacro-iliac articulation.



FIG. 4.

Sacrum disarticulated from pelvic bone showing sacro-iliac joint surface.
(a) Indicates line of section through horizontal portion of joint.
(b) Indicates line of section through vertical portion of joint.

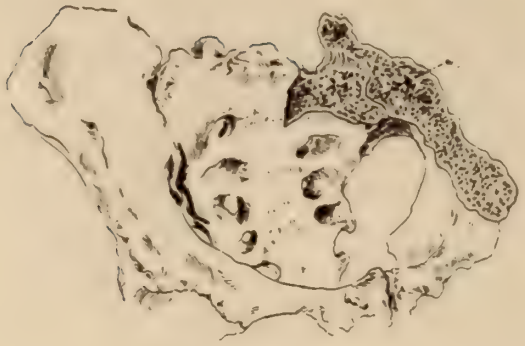


FIG. 5.

Pelvis showing section through the horizontal portion of the sacro-iliac articulation (see (a) Fig. 4).

(a) Sacro-iliac articulation.



FIG. 7.

Pelvis with section through the horizontal portion of the sacro-iliac joint showing how the upper part of the sacrum rides up out of the sacro-iliac articulation when the lower portion of the sacrum is pushed forward.

(a) Sacro-iliac articulation-sacrum riding up.

(b) Sacro-iliac articulation-sacrum pushed forward.



FIG. 6.

Section through the vertical portion of the sacro-iliac articulation. (See (b) Fig. 4.)

(a) Sacro-iliac articulation.

(b) Posterior sacro-iliac ligaments.

(c) Anterior sacro-iliac ligaments.

(d) Pelvic bone.

(e) Sacrum.



FIG. 8.

Attachment of pyriformis muscle to sacrum.

(a) Pyriformis muscle.



FIG. 9.

Attachment of the gluteus maximus muscle to the sacrum.
(a) Gluteus maximus muscle.



FIG. 10.

Relation of gluteus maximus muscle to the sacrum in the erect posture (schematic).
(a) Gluteus maximus muscle.

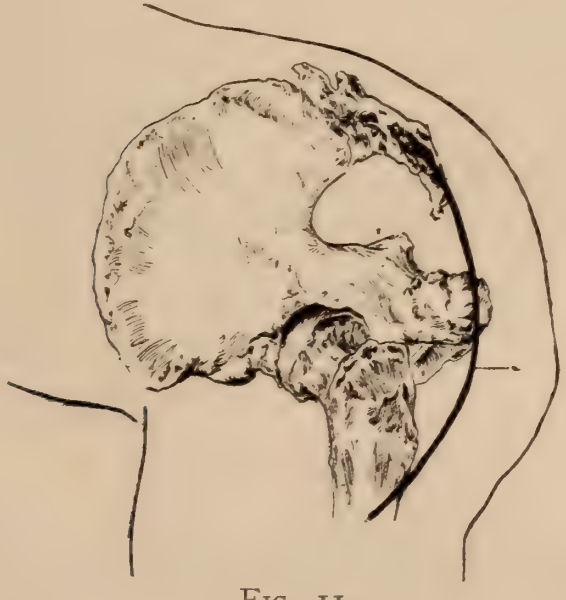


FIG. 11.

Relation of gluteus maximus muscle in stooping position (schematic).
(a) Gluteus maximus muscle.

Public Health

Edited by Arthur Sautter, M. D.

DEPARTMENT OF PUBLIC SAFETY, BUREAU OF HEALTH, ALBANY, N. Y.

COMPILED BY WILLIAM F. FULLGRAFF, REGISTRAR.

BUREAU OF VITAL STATISTICS.

DEATHS FOR MONTH OF MAY, 1918.

Consumption	19	Broncho Pneumonia	2
Typhoid Fever	1	Bright's Disease	11
Scarlet Fever	0	Apoplexy	13
Measles	0	Cancer	10
Whooping Cough	3	Accidents and Violence	7
Grippe	1	Deaths under one year	19
Diarrheal Diseases	6	Deaths over 70 years	37
Diphtheria and Croup	0	Death rate	16.52
Pneumonia	6	Death rate less non-residents	13.91

Deaths in Institutions.

	Non-res.	Res.		Non-res.	Res.
Albany Hospital	7	8	Public Places	2	1
Albany Hospital Camp	1	4	Hospital for Incurables	0	1
Albany Co. Hospital	1	2	St. Margaret's House	2	1
St. Peter's Hospital	4	10	Maternity Hospital	1	2
Homeopathic Hospital	4	5			
Home for the Aged	2	1		24	36
Home of the Friendless	0	1			

Births	195	Still Births	3

DIVISION OF COMMUNICABLE DISEASES.

Typhoid Fever	7	Tuberculosis	47
Scarlet Fever	4	Pneumonia	38
Diphtheria and Croup	20	Mumps	30
Chickenpox	25	Epidemic cerebro-spinal Meningitis	5
Smallpox	0		
Measles	202		
German Measles	443	Total	912
Whooping Cough	91		

Number of days quarantine for scarlet fever:
Longest..... 35 Shortest..... 34 Average..... 34½

Number of days quarantine for diphtheria:
Longest..... 31 Shortest..... 11 Average..... 17 2/12

Fumigations:: Rooms..... 235 Buildings..... 203

Milk bottles disinfected..... 995

Communicable Diseases in Relation to Schools.

	Reported D.	S.F.	M.
Public School No. 2	..	..	2
Public School No. 3	..	1	6
Public School No. 4	1	..	10
Public School No. 6	..	..	1
Public School No. 7	..	..	4
Public School No. 8	..	..	1
Public School No. 9	..	..	5
Public School No. 10	..	..	8
Public School No. 11	..	..	4
Public School No. 12	..	..	5
Public School No. 13	..	..	1
Public School No. 14	1	..	..
Public School No. 15	1	..	..
Public School No. 16	..	..	16
Public School No. 18	..	..	3
Public School No. 20	2	..	..
Public School No. 21	..	..	1
Public School No. 22	1	..	3
Public School No. 24	..	..	7
Vincentian Institute	1	..	2
High School	1	..	1
Albany Business College	..	..	1
Holy Cross School	..	..	1
St. Joseph's Academy	1	..	3
Cathedral School	..	..	2
Lady of Angels School	1	..	..
Albany Orphan Asylum	..	..	59

Nurse's Report.

TUBERCULOSIS.

Living cases on record May 1, 1918		858
Cases reported:		
By card	43	
Dead cases by certificate	4	47
		905
Dead cases previously reported	15	
Dead cases not previously reported	4	
Removed	4	
Died out of town	1	24
Living cases on record June 1, 1918		881
Total tuberculosis death certificates		19

Non-resident deaths:

Albany Hospital Camp	1	
St. Peter's Hospital	1	
Albany Hospital	1	3
Resident deaths		16

Visits to Cases of Communicable Disease.

Tuberculosis	78	Physicians	3
Miscellaneous	24		

LABORATORY REPORT.

Diphtheria.

Initial Positive	37	Suspicious	2
Initial Negative	392	No growth	35
Release Positive	109		
Release Negative	275	Total	850

Sputum for Tuberculosis.

Positive	47	Unsatisfactory	2
Negative	149		
Suspicious	4	Total	202

Widals.

Positive	2	Unsatisfactory	5
Negative	14		
Suspicious	7	Total	28

Meningococcus.

Positive	5	Suspicious	1
Negative	29		
		Total	35

Miscellaneous.

Wassermann tests	74	Water analysis	1
Milk analyses	135		

Division of Sanitation.

Complaints made	133	Reinspections	96
Inspections	97	Plumbing	27
Plumbing	23	Sanitary	69
Sanitary	74		

HEARINGS.

Hearings	2	Cases heard	2

Class of Cases.

Plumbing	1	Filthy premises	1

Disposition of Cases.

Reinspections	2

DIVISION OF PLUMBING, DRAINAGE AND VENTILATION.

Inspections	104	Houses tested	17
Old Houses	95	Blue or red	5
New Houses	9	Peppermint	3
Permits issued	124	Water test	9
Plumbing	109	Houses examined	33
Building	15	Re-examined	94
Plans submitted	10	Valid	21
Old buildings	7	Without cause	12
New buildings	3		

REPORT OF REMOVAL OF DEAD ANIMALS.

Horses removed	15	Cats removed	152
Dogs removed	118		
		Total	285

DIVISION OF MARKETS AND MILK.

Public market inspections	22	Cows, tuberculin tested	52
Milk depots inspected	15	Cows, post mortem	4
Stores inspected	84	Lactometer readings	180
Dairies inspected	56	Temperature readings	180
Milk houses inspected	56	Fat tests	63
Milk cans inspected	420	Sediment tests	48
Cows examined	1,014	Chemical tests	14
Cows removed	10	Milk condemned	80 qts.
Cows quarantined	3	Complaints investigated	3

MISCELLANEOUS.

Cards posted for communicable disease	204	Dressings	98
Cards removed	178	Cases assigned to health physicians	49
Notices served on schools	790	Calls made	96
Notices served on stores and factories	25	Employment certificates issued to children	28
Postal card returns sent to doctors	204	Garbage collected from 1st district	263 bbls.
Postal card returns received from doctors	178	Garbage collected from 2nd district	266 bbls.
Inspections and reinspections	226	Garbage collected from 3rd district	332 bbls.
Vaccinations	131		

Medical News

MAY MEETING—MEDICAL SOCIETY OF THE COUNTY OF ALBANY.—The minutes of the regular monthly meeting of the Medical Society of the County of Albany, held at the Albany County Court House, corner Columbia and Eagle streets, Thursday, May 16, 1918.

Meeting called to order by the Vice-President, Dr. Chas. Moore, at 9 P. M.

Reports of officers and committees: None.

New Business:

Dr. Bedell spoke on scientific program and entertainment for the coming State Society meeting.

Dr. Rooney spoke on House of Delegates urging prompt attendance.

Scientific program:

President's Annual Address, Howard E. Lomax, M. D.

On motion of Dr. Rooney, the Society conveyed a rising vote of thanks to Dr. Lomax for his address.

Minutes of the meeting read and approved.

Meeting adjourned at 10:10.

Members present: Drs. Ball, Brenenstuhl, Bendell, Bedell, Conway, Harrig, Haswell, Kinne, Keeley, Lewi, Lomax, Lyons, Leary, Moore, Myers, Mann, Mount, Mereness, Padula, Rooney, Stapleton, Traver, Worth, Worrell.

EDDY S. HASWELL, *Secretary.*

JUNE MEETING—MEDICAL SOCIETY OF THE COUNTY OF ALBANY.—The minutes of the regular monthly meeting of the Medical Society of the County of Albany, held at the Albany County Court House, corner Columbia and Eagle streets, Friday, June 28, 1918.

Meeting called to order by the President, H. E. Lomax, at 9 P. M.

Reports of officers and committees:

Board of Censors: Reports favorable on the application of F. B. Maguire and H. F. Van Loon.

New Business:

Dr. Neuman presented the following:

I hereby give notice of an amendment to Chapter 7, Section 5 and that the reading of the minutes be the last order of business.

(Signed) Dr. L. H. NEUMAN.

Scientific program:

"Valvular Lesions of Heart," Ellis Kellert, M. D.

"Some Points on Electro-Therapeutics," William G. Lewi, M. D.

Minutes of the meeting read and approved.

Meeting adjourned at 10:10.

Members present: Drs. Archambault, Congdon, Curtis, De Voe, Hannock, Haswell, Harrig, Kellert, Kemp, Lewi, Lomax, Mann, Mount, Moore, McCormick, Neuman, Papen, Todd, Van Auken, Vogel.

EDDY S. HASWELL, *Secretary.*

Albany Guild for the Care of the Sick.—Department of Visiting Nursing.—Statistics for May, 1918.—Number of new cases, 236; classified as follows: Dispensary patients receiving home care, 80 (67 social service); district cases reported by health physicians, 2; charity cases reported by other physicians, 23 (5 prenatal); moderate income patients, 67 (3 prenatal); metropolitan patients 62 (12 prenatal); social service, 2; old cases still under treatment, 97; total number of cases under nursing care during month, 333. Classification of diseases for the new cases: Social 66 (65 dispensary); medical, 45; surgical, 9; gynecological, 11; obstetrical under professional care, mothers 22, infants 34; prenatal, 20; eye and ear, 8; skin, 0; throat and nose, 2; dental, 0; infectious diseases in the medical list, 18; surgical list, 1. Disposition: Social service discharged, 69; removed to hospitals, 9; deaths, 5; discharged cured, 91; improved, 49; unimproved, 28; number of patients still remaining under care, 82.

Special Obstetrical Department.—Number of obstetricians in charge of cases, 2; students in attendance, 2; nurses in attendance, 5; patients carried over from last month, 1; new patients during month, 8; patients discharged, 9; visits by head obstetrician, 0; by attending obstetrician, 27; by students, 65; by nurses, 72; total number of visits for this department, 164.

Visits of Nurses (all departments).—Number of visits with nursing treatment, 1,143; for professional supervision of convalescents, 710 (429 unrecorded); total number of visits, 1,853; hours at dispensary 303¼; hours on conf., 117½; cases reported to the Guild by 2 health physicians, and 24 other physicians; graduate nurses 10, substitute nurses 2 on duty.

Dispensary Report.—Number of clinics held, 72; new patients, 110; old patients, 487; total number of patients treated during month, 597. Classification of clinics held: Surgical, 5; nose and throat, 7; eye and ear, 18; skin and genito-urinary, 4; medical, 9; prenatal, 2; lung, 6; dental, 1; nervous, 3; stomach, 3; children, 8; gynecological, 6.

F. R. Freeman, R. N., *Superintendent.*

Medical Service of the Army and Navy.—Dr. Ralph W. Turner (A. M. C. '17), of Albany, N. Y., has received his commission as first lieutenant in the Medical Reserve Corps and has been ordered for special training in the treatment of infected wounds, to the Rockefeller Institute of New York City, thence to the Base Hospital, Camp Hancock, Augusta, Ga.

—Dr. Louis T. Griffith (A. M. C. '97), with the rank of major, has been ordered for duty to Camp Devens, Ayer, Mass.

—Dr. Lester E. Sanford (A. M. C. '16) of Albany, N. Y., with the rank of lieutenant, has been ordered for duty to Camp Lee, Petersburg, Va.

—Dr. Joseph P. O'Brien (A. M. C. '98), of Albany, N. Y., with the rank of captain in the Medical Reserve Corps, has been appointed member of the Board of Medical Officers for the special examination for tuberculosis at Camp Wheeler, Macon, Ga.

—Dr. Arthur Holding (A. M. C. '01), of New York City, with the rank of captain, has been ordered for instruction to the Neurological Institute, New York City.

—Dr. George W. Beebe (A. M. C. '07), of Johnstown, N. Y., with rank of captain, has been ordered to College Station, Texas.

—Dr. Frederick M. Barney (A. M. C. '88), of Dolgeville, N. Y., ranking as captain, has been ordered to the Base Hospital, Camp Upton, N. Y.

—Dr. Sol. C. Davidson (A. M. C. '12), of Rochester, N. Y., is on duty at Camp Crane, Allentown, Pa., as Roentgenologist to the Mobile Operating Unit No. 1, Section 3, which was organized for Overseas Service.

—Dr. Garrett V. Johnson (A. M. C. '96), of Schenectady, N. Y., has been commissioned a captain in the Medical Reserve Corps and is awaiting the call to service. Dr. Johnson served in the hospital branch of the First New York Volunteer Infantry in the Spanish-American war and was with the National Guard ten years.

Married.—Dr. Ward Winthrop Millias (A. M. C. '12), of Rome, N. Y., now a lieutenant in the Medical Reserve Corps, married Miss Florence M. Sellick, of Rome, N. Y., on May 25, 1918.

Died.—Dr. George Edward Swift (A. M. C. '84), of Hudson, N. Y., died in the Hudson Hospital on May 31, eleven days after an operation for appendicitis, at the age of 58. He was a member of the Medical Society of the State of New York, health officer of Hudson and Columbia County for several years and visiting physician to the Hudson Hospital. Dr. Swift was second lieutenant in the National Guard of the State of New York for five years.

—Dr. Elias W. Capron (A. M. C. '55), of Lotus, Fla., formerly of Lansingburg, N. Y., died at his home on May 2 at the age of 91.

In Memoriam

Alphonzo C. Dorval, M. D.

Dr. Alphonzo C. Dorval, a graduate with the class of 1889 of the Albany Medical College, died at his home in Whitehall on December 3, 1917. Dr. Dorval had been a resident of Whitehall for forty-three years, coming there from his native town of St. Cessaire, Quebec, Canada. He received his preliminary education in the Victory College at Montreal and began active practice at Whitehall immediately after graduation from the Albany Medical College.

Dr. Dorval's chief interest was in his professional work and he had no avocation except in military service. He enlisted in the 9th Separate Company of the New York State Militia as a private in 1877 and retired with the brevet rank of captain at the completion of twenty-five years of faithful duty. In 1890, he was appointed assistant surgeon with the rank of first lieutenant and was assigned to Company I of the Second Regiment.

Dr. Dorval was highly esteemed in the community in which he lived so long, and the public expressions were of regard and respect for his character.

He was attractive and friendly, and very liberal in his attention to the poor.

George F. Swift, M. D.

Dr. George F. Swift, health officer of the city of Hudson, N. Y., died at his home in that city, of appendicitis on the evening of May 31, 1918, in the sixtieth year of his age. An operation had been performed eleven days previous to his death but resulted in septicemia which Dr. Swift survived only a few hours.

Dr. Swift was born in Albany and graduated from the Albany Medical College in 1884. He served as house physician in St. Peter's Hospital and in 1886 began active practice in Hudson. He was a member of the Columbia County Medical Society, the Medical Society of the State of New York and the American Medical Association. Upon the declaration of war he served as a member of the Draft Board at Hudson until October, 1917. He had served in the militia of the State attaining the rank of lieutenant and was a former president of the Board of Pension Examiners of Columbia County.

In 1890, Dr. Swift married Miss Jane B. Ledger who, with a daughter, Miss Margaret Swift, survive.

Current Medical Literature

REVIEWS AND NOTICES OF BOOKS

Rest, Suggestion and Other Therapeutic Measures in Nervous and Mental Diseases. By FRANCIS X. DERCUM, A. M., M. D., Ph. D., Professor of Nervous and Mental Diseases in the Jefferson Medical College, Philadelphia; ex-President of the American Neurological Association, of the Philadelphia Neurological Society and of the Philadelphia Psychiatric Society; Foreign Corresponding Member of the Neurological Society of Paris, Corresponding Member of the Psychiatric and Neurological Society of Vienna, Member of the Royal Medical Society of Budapest; Consulting Neurologist to the Philadelphia General Hospital, etc. Second edition. Philadelphia: P. Blackiston's Son & Co., 1012 Walnut St.

Among Dr. Clark's "Personal Recollections of Dr. Janeway" is recorded an incident which may be best repeated in the author's words: "There is one notable outstanding memory of Dr. Janeway which dates from those earlier days in his office and which deals with that large class of people who imagine they are ill—those people whose numbers are directly proportionate to periods of so-called prosperity, who call forth innumerable cults of curing, and who are the mainstay of much of the mummery of medicine.

"I shall never forget one day at lunch after Dr. Janeway had been seeing some of these mentally mortgaged men and women. As he sat down at table his face wore that expression of perplexity which one at times sees as the outward sign of the futility of things in general. I inquired how matters had been going in the office that morning. His reply, 'Neurasthenics!' as it came out with all his characteristic bluntness, set me to asking questions. What I learned that day from the Doctor, coupled with later observations of his methods in dealing with these unfortunates, has never needed unlearning. He saw in these patients, wholly free from organic disorder, yet a prey to aches and obsessions, to fears and depressions, the unhappy results of that conflict in the subconscious self between the natural order of life and the socially ordered life."

This interesting revelation of the exasperation of the practitioner whose life had been spent with the visible and tangible evidences of pathological processes is sufficient comment upon the manifestations of functional nervous conditions, which stand for nothing else than the failure of the victim to adjust himself, or, more properly, herself, to the compensations and pleasures of life. For, as Dr. Janeway intimated, not privation but satiety determines the neuropathic vagaries, and the inroads of prosperity are the most difficult to resist. The records of neurasthenia, whose popularity, after thirty years of efflorescence, is on

the wane, make a distressing history of needless complaint, anxiety, worry and woe. Dr. Janeway knew, only too well, that actual physical disease is sustained with courage, perhaps indifference, and offers a startling contrast to the groans of those who have nothing the matter with them.

In the light of these facts Dr. Dercum's extensive volume is a revelation of the therapeutic resources offered by medicine for the relief of imaginary ills. The real remedy, a sudden shock or reverse of fortune, is unfortunately not available, and for it must be substituted an exasperating catalogue of more or less harmless or dangerous methods or devices. These Dr. Dercum has marshalled with praiseworthy exactness. Rest, diversion, exercise, hydrotherapy, isolation, electricity, massage, feeding, medication, business, vacation, suggestion, hypnotism, religion and all kinds of "cures" are described and relegated to their proper spheres in the guidance or "management" of the suffering neurasthenic, neurasthenoid, hysteric, hysteroid, or hypochondriac. The various types or "syndromes" are accurately described, and the treatment best adapted is analytically outlined. With his large experience and judicial temper Dr. Dercum is well equipped for this necessary, though somewhat discouraging, task. His book is eminently practical, though perhaps not encouraging to the practitioner whose patience may not be equal to the demands made upon it by patients of this class.

NEW YORK STATE MEDICAL LIBRARY

Edited by Frances K. Ray

In conformity with the usual custom, the medical reading room will close at 5.30 p. m. until September 30. The librarian will gladly make special arrangements with any physician who finds it impossible to use the library during the day.

The library has recently been enriched by the gift of Dr. Erastus Corning's library of 313 volumes and 668 periodicals and of 108 volumes and 180 pamphlets from Dr. W. G. Lewi. Such donations are always welcome, whether books or magazines, for any volumes which prove to be duplicates can be used to advantage for exchange with other libraries.

RECENT ACCESSIONS.

Allbut, Sir Clifford. Diseases of the arteries including angina pectoris. 1915. 2v.

American illustrated medical dictionary. 9th ed. 1917.

American Medical Association. Section on genito-urinary diseases. Transactions. 1907.

Arrhenius, Svante. Quantitative laws in biological chemistry. 1915.

Ayres, L. P. Open-air schools. 1910.

Bowen, W. P. Teacher's course in physical training. 1917.

Burton, Matthew Henry. In memoriam Matthew Henry Burton of Troy, N. Y. 1895.

Broughton, Hugh. Open-air school. 1914.

Cabot, Hugh. Modern urology. 1918. 2v.

Carnegie United Kingdom trust. Report on the physical welfare of mothers and children: Scotland and Ireland. 1917.

Chester, F. D. Determinative bacteriology. 1915.

Clinical studies by Byrom Bramwell. v. 1-8, 1902-10.

Coplin, W. M. L., and Bevan, D. Manual of practical hygiene. 1893.

Crotti, André. Diseases of the thyroid and thymus glands. 1917.

Cumming, J. G. and White, J. H. Control of hookworm infection at the deep gold mines of the Mother Lode, Cal. 1917. (U. S. Bur. of Mines Bul. 139.)

Cushing, H. W. Tumors of the nervus acusticus and syndrome of cerebello-pontile angle. 1917.

Da Costa, J. M. Medical diagnosis; 9th ed. 1900.

Dakin, H. D. Handbook of antiseptics. 1917.

Dorland, W. A. N. American illustrated medical dictionary; 4th ed. 1906.

Doyen, E. Etiologie et traitement du cancer. 1904.

Edridge-Green, F. W. Hunterian lectures on colour-vision and colour blindness. 1911.

Ford, J. H. Military medical administration, published with approval of U. S. Surgeon-General. 1918.

Fox, R. F. Physical remedies for disabled soldiers. 1917.

Gay, F. P. Typhoid fever considered as a problem of scientific medicine. 1918.

Gerhard, W. P. Sanitation, water supply and sewage disposal of country houses. 2d ed. 1914.

Graves, Lulu. Modern dietetics, feeding the sick in hospitals and home, with some studies on feeding well people. 1917.

Great Britain. War office. Memorandum on the treatment of injuries in war, based on experience of the present campaign (July 1915). 1916.

Griffis, W. E. The house we live in. 1914.

Havard, Valery. Manual of military hygiene for the military service of the U. S. 1917.

Heck, W. H. Study of mental fatigue in relation to the daily school program. 1913.

Holt, L. E. Diseases of infancy and childhood. 2d ed. 1902.

Hudson, Bernard. Aids to medicine. 1909.

Hughes, D. E. Compend of the practice of medicine; 8th ed. 1905.

Index of treatment by various writers. 1908.

Jelliffe, S. E. and White, W. A. Diseases of the nervous system. 2d ed. 1917.

Jelliffe, S. E. Technique of psychoanalysis. 1918. (Nervous and mental disease monograph ser. no. 26).

Jewett, Charles. Practice of obstetrics. 2d ed. 1901.

Kehr, Hans. Introduction to the differential diagnosis of the separate forms of gallstone disease. 1901.

Knapp, Arnold. Medical ophthalmology. (International system of ophthalmic practice, ed. by W. L. Pyle.) 1918.

Kolmer, J. A. Infection, immunity and specific therapy; 2d ed. 1917.

Lee, R. I. Health and disease: their determining factors. 1917.

Lydston, G. F. Impotence and sterility. 1917.

Mackenzie, Sir James. Principles of diagnosis and treatment in heart affections. 1916.

Macy, F. S. Care of troops (for line officers). 1917.

May, Percy. Chemistry of synthetic drugs. 1911.

McDill, J. R. Lessons from the enemy; how Germany cares for her war disabled. 1918. (Medical war manual no. 5).

MacFarlane, Andrew. Clinical manual. 1894.

Miessner, H. Epizoötics and their control during war; a guide for army, government and practicing veterinarians; tr. by A. A. Leibold. 1917. (Veterinary medicine ser. no. 15).

Meyer, Willy & Schmieden, Victor. Bier's hyperemic treatment. 1909.

Munson, E. L. Soldier's foot and the military shoe. New ed. 1917.

Norris, G. W. Blood-pressure, its clinical applications; 3rd ed. 1917..

Ogden, J. B. Clinical examination of the urine 2d ed. 1903.

Pilcher, L. S. List of books by some of the old masters of medicine and surgery. 1918.

Potter, S. O. L. Handbook of materia medica, pharmacy and therapeutics; 9th ed. 1903.

Rathery, F., Ambard, L. and others. Les fievres paratyphoides b. a l'hopital mixte de Zuydcoote (Nord) de Dec. 1914 a Fev. 1916.

Reconstruction; bulletin published by the Military Hospitals Commission, Canada.

Regis, E. Practical manual of mental medicine; 2d ed. 1894.

Ruddiman, E. A. Incompatibles in prescriptions; 4th ed. 1917.

Sadler, W. S. Mother and her child. 1916.

Saundby, Robert. Lectures on renal and urinary diseases; 2d ed. 1897.

Simon, C. E. Manual of clinical diagnosis. 9th ed. 1918.

Stitt, E. R. Practical bacteriology, blood work and animal parasitology; 2d ed. 1910.

Surgical clinics and clinical reports in honor of Lewis Stephen Pilcher; published by the Medical society of the county of Kings. 1917.

Thomson, W. H. Brain and personality. 1907.

Tinel, J. Nerve wounds. . .tr. by Rothwell; rev. ed. by C. A. Joll. 1917.

Tuke, D. H. *ed.* Dictionary of psychological medicine. 1892. 2v.

Tuttle, T. D. Principles of public health. 1910.

Tyson, James. Practice of medicine. 3d ed. 1903.
U S. dispensatory. 20th ed. 1918.
United Gas Improvement Co., Philadelphia. First aid for persons overcome by gas. 4th ed. 1915.
U. S. Medicine and Surgery Bureau. Manual for the medical department of the U. S. Navy. 1917.
U. S. Surgeon-General's Office. Manual of ophthalmology. 1917.
U. S. Surgeon-General's office. The venereal diseases, an outline of their management prepared for the use of medical officers of the army. 1917.
—— Laboratory methods of the U. S. army. 1918. (Medical war manual no. 6.)
—— Manual of splints and appliances for the medical department of the U. S. army, 1917 compiled by committee in compliance with an order from Major General Pershing.
Wall, O. A. The prescription; therapeutically, pharmaceutically, grammatically and historically considered; 4th ed. 1917.
Webster, R. W. Diagnostic methods: chemical, bacteriological and microscopical; 5th ed. 1916.
Welch, W. M. and Schamberg, J. F. Acute contagious diseases. 1905.
Wells, W. H. Compend of gynecology; 4th ed. 1911.
Whipple, G. C. State sanitation. Mass. state board of health, v. 2, 1918.
Whipple, G. M. Questions in school hygiene. 1909.
White, W. A. and Jelliffe, S. E. Principles of mental hygiene. 1917.
Wiley, H. W. Foods and their adulteration. 1907.
Wilson, J. C., *ed.* Infectious diseases; tr. from "die Deutsche klinik." 1908. (Modern clinical medicine).
Willows, R. S. Surface tension and surface energy. 1915.
Wood, H. C. and Fitz, H. R. Practice of medicine. 1897.
Wynter, W. E. Minor medicine. 1909.

VOL. XXXIX AUGUST, 1918 No. 8

ALBANY MEDICAL ANNALS

Original Communications

THE SYMPTOMATOLOGY AND DIAGNOSIS OF WOUNDS OF THE SPINE AND CORD IN WARFARE.

BY CHARLES GREENE CUMSTON, B. S., M. D.

Private Docent at the University of Geneva; Vice-President, Section History of Medicine of the Royal Society of Medicine of London; Vice-President of Geneva Chapter of the American Red Cross; Honorary Member of the Surgical Society of Belgium; Associate Member of the Surgical Society of Switzerland, etc., Geneva, Switzerland.

To the well known objective signs of fracture of the spine there is nothing to add, as far as fracture from missiles is concerned but to these symptoms disturbances due to medullary or radicular lesions become added, when the cord or its roots have been injured or compressed and it is to these that I desire to call attention. However, it is of utmost importance from the standpoint of diagnosis to ascertain if a fracture of the spine exists as well.

The cord being an organ of transmission of centripetal and centrifugal motricity and sensibility, likewise the center of sphincteric reflexes, as well as that of trophic properties from the very nature of its neurons it is readily conceived that from the clinical standpoint the study of the disturbances of each of its functions must be made when the neuro-axis has been injured or compressed. On the other hand, given the medullary systematization in both the vertical and transversal directions, it is evident that some of these disturbances may be absent. Therefore, the medullary lesions must be studied, (1) from the viewpoint of their transversal extent (hemi sections and partial lesions); (2) from the viewpoint of their vertical direction (systematization in the vertical direction), a most important point for the diagnosis of the seat of the missiles.

Finally, from the clinical standpoint, it is essential to distinguish two syndromes, namely: (1) the syndrome of division, and (2) the syndrome of irritation or compression.

From the pathological standpoint, two cases are met with, viz.: (1) total division and (2) partial section, each of which possesses a different clinical picture.

Total division is characterized by a limp paralysis, abolition of the muscular tonus, a quadriplegia or paraplegia according to the location of the lesion in the cord. As the patient lies, the lower limbs are in complete extension and if they are raised they fall heavily. Muscular resistance is *nil*.

Sensitive paralysis is likewise absolute. Usually it assumes a metameric topography, varying according to the seat of the lesion in the cord and giving rise to all types of anesthesia—contact, pricking, baresthetic sensations, deep seated sensibility, muscular sense and sense of muscular position. Therefore, all kinds of sensibility have disappeared but usually disturbances of subjective sensibility are absent, that is to say, pain excepting in cases of compression of the roots connected with the cord *above* the lesion.

All the reflexes are absent (plantar, tendo Achilles, patellar, abdominal and cremasteric), as well as those of the upper limb when the lesion is situated in the cervical region. The study of the reflexes is most important for localizing the lesion and here we find ourselves in presence of two contradictory theories, the first of which is the theory of *short tracts*.

The brain, according to this theory, possesses an inhibiting action on the cord. If the cord is divided between the reflex centre and the brain the reflexes should be increased. This theory, which was formerly almost generally admitted, has been practically given up by all clinicians.

The second theory is that of Charlton Bastian. When the cord is completely divided, all reflexes are abolished below the section. If division is incomplete, the condition of the reflexes is different. In total division of the cord, the sphincters are paralyzed, this being made evident by incontinence of urine in the true sense, or in the case of bladder paralysis, by overflow. The stools are passed involuntarily, while to these manifestations, erection be-

comes added, but when this occurs, the sphincteric phenomena cease.

The trophic disturbances are as follows: The cord may retain its vitality *below* the lesion, in which circumstance there is no immediate muscular atrophy nor reaction of degeneration, excepting in muscular groups having their trophic neurons situated above the point of division. The only atrophied muscles are those whose neurons are involved in the division or lesion of the cord. However, cutaneous trophism is profoundly disturbed and bed sores rapidly develop in spite of every care.

Usually there are no trophic disturbances of the hair or nails.

In total division of the cord an improvement is almost out of the question, but should it occur a marked muscular retraction takes place, but generally the sensitive and reflex paralytic disturbances persist. There will be an aggravation of the urinary disturbances, with ascending infection of the urinary tract and the patient dies from renal infection. Quite recently, De Sarlo has recommended suprapubic cystostomy in order to avoid this ascending infection. The idea is good theoretically, but I am unaware of the results that he has obtained.

On the other hand, the trophic disturbance may become aggravated and the sacral bed-sore, attaining enormous proportions, undergoes necrosis ending in an opening into the spinal canal and death from meningitis and myelitis.

When division of the cord is incomplete there may be hemiplegia. It is of the limp variety, while the paralysis of the limbs is on the side of the lesion. If the latter be located high up on the cord, the intercostals and diaphragm will be paralyzed, but facial integrity is always preserved in spinal hemiplegia.

On the other hand, there may be a total or dissociated monoplegia of the same type, this assuming the radicular type, at times superior, at others inferior (for example, paralysis of the hand and fore-arm, or the shoulder and arm). In the case of hemisection of the cord, the paralytic manifestations are located on the side of the lesion, while those of the sensibility realize Brown-Sequard's syndrome, namely; on the side of the lesion there is cutaneous hyperesthesia, a decrease of the muscular sense and abolition of the baresthetic, osseous and thermic sensation. On

the side opposite the lesion, there will be no paralysis, but there is anesthesia excepting for deep-seated sensation, which remains.

In hemisection of the cord, the reflex disturbances follow the rule of total division, but they are unilateral and on the side of the lesion. The electrical disturbances are very manifest on the side of the lesion but usually there is no reaction of degeneration.

Let me now consider in a few words, the syndrome of irritation or compression of the cord in which we find the clinical picture corresponding to an irritation of the cord, its membranes or roots, the result of a missile lodged in the parts, an extradural or subdural hemorrhage, a bone splinter or an extramedullary abscess. There are four types encountered, according to the site and extent of the compression, namely: (1) spasmodic quadriplegia; (2) spasmodic paraplegia; (3) spasmodic hemiplegia, and (4) spasmodic monoplegia. Spasmodic paraplegia is unquestionably the type most commonly met with and is characterized firstly by motor disturbances. The patient lies in bed with the lower limbs extended, at others flexed; or they may be rendered motionless by a contracture which prevents the displacement of their component parts. Spontaneous or provoked muscular shocks, stiffness or cramps will be present.

The sensitive disturbances are characterized by pains having a radicular topography, with or without a change in deep-seated sensibility. These phenomena are more common when the object of compression irritates the posterior roots. I would add that their exact localization may very materially help the diagnosis of the localization of the lesion. The extent and areas of hyperesthesia are also important factors to be taken into consideration.

The reflexes are increased and Babinski's sign and patellar and ankle clonus are present. There is likewise an exaggeration of the sphincteric tonicity made manifest by retention of urine, constipation and priapism. The trophic disturbances are usually unimportant; there is no muscular atrophy nor oedema, while bed-sores are not prone to take on much development.

Generally speaking, a purely compressive lesion does not place the patient's life in jeopardy. The evolution is only bad from the resulting contractures which become organized at the same time as do the fibro-tendinous retractions.

If the case is one of quadriplegia, the phenomena will be the

same, but all four limbs are involved. If, on the other hand, there is simply a hemi-compression, there will be hemiplegia with contracture and Brown-Sequard's syndrome if changes have taken place in the parenchyma of the cord. The evolution is the same as in paraplegia.

The compression syndrome, or that of irritation of the cord is related to four principal factors, viz.: a missile, bone splinter, hematorachis or intra or extradural abscess.

If there is an aperture of entrance and exit, it is evident that the missile is not lodged in the spine or cord, but I would recall the fact that in the case of mitrailleuse shot, which are fired with great rapidity, two successive missiles may make only *one* entrance aperture, and if one of them makes its exit, the other may remain embedded in the spinal canal. This circumstance is most uncommon but it is possible, as has been proved by a few authentic instances.

In the case of compression from a bone splinter, radiography is still our surest means of diagnosis. However, the bit of bone may be overlooked and it is also a fact that when the agent of compression is a missile or bone splinter the paraplegic manifestations follow immediately upon the receipt of the injury.

When there is manifestly a syndrome of irritation and when X-ray examination fails to show a foreign body in the spinal canal or fracture of the spine, hematorachis should be thought of. Although the symptom is not absolute, in most cases there will be a certain interval between the receipt of the injury and the appearance of the paraplegia. Then again, hematorachis usually causes very marked compression but this is recovered from as little by little the clot undergoes absorption. Lumbar puncture will withdraw a more or less blood-tinged cerebrospinal fluid, if the blood has spread into the spinal canal.

Abscesses are not common and are difficult to differentiate from hematorachis. However, a tardy, slow and progressive syndrome of compression, with intermittency (subordinated to the possible escape of the purulent collection through the wound, followed by repair) the septic condition of the wound and elevation of the temperature should lead the surgeon to suspect abscess formation.

3, rue Bellot.

GONORRHEA IN THE FEMALE

By JOHN B. CONGDON, M. D.,

Read before the Medical Society of the County of Albany, February 28, 1918.

That gonorrhea in the female is relatively more dangerous to the individual and to the public than the corresponding condition in the male is so almost axiomatic that a lengthy discussion of the same may seem superfluous. That females may be infected and yet remain ignorant of the fact is well known. Thus they become, unwittingly, carriers of gonorrheal contagion; and, if of easy virtue, may infect many males before the condition is discovered. On the other hand, married women in private families, who have been infected by their husbands and more rarely by others, may be the source of infantile gonorrhea.

It is not the purpose of this paper to be academic and ultrascientific, but to state tersely the effects and results of this condition. The period of incubation is variable. The mode of infection is usually by coitus; but may occur accidentally among women living in very intimate relationship in unhygienic and overcrowded apartments.

The trite and bewhiskered joke of the male becoming infected from the toilet seat may have, under certain circumstances, something of the truth; but in the female it is deserving of somewhat more serious consideration. The pernicious habit of many females, who upon going to the toilet, sit upon the front edge of the seat and then slide backward into the proper position, thus rubbing the vulva against the central anterior portion of the seat, is a procedure whereby fresh gonorrheal pus, deposited upon the seat by another, is communicated by an indirect method. This is especially true in children.

Another method is by the use of a common family fountain syringe, or douche bag, where the same vaginal tip is used by several women in common without, through ignorance, taking proper sanitary precautions. Mutual masturbation has also been a means of transmitting disease. Many women are infected at marriage by a past supposedly cured gonorrhea in the husband.

The symptoms may be so slight or so nearly absent, that no suspicion is aroused; or, if a slight discharge is noticed, it is

attributed to the 'whites' which by many is believed to be the natural concomitant of the newly married state; and if treated at all, is usually done so domesticly upon the advice of some older women who are assumed to know all about it. But if secondary urethral infection occurs with attendant burning and pain upon urination, the patient goes to a physician, who, if lax in his methods, prescribes symptomatically, and because of the adverseness and assumed modesty of the patient to exposure, does not make a physical examination.

Yet, under other conditions, the patient may consult a physician for vague pelvic pain and distress, associated with a sense of weariness, backache, painful urination, painful coitus, associated, or not with varying degrees of vaginal discharge. Bimanual examination, plus speculum inspection, securing and staining of smears of the discharge is usually sufficient for diagnostic purposes.

The treatment of these patients as office cases is often unsatisfactory, not only to the patient but also to the physician. It is not too much to state that the rapidity of cure is directly proportionate to the amount of physical rest, or conversely, the more active the patient, physically, the longer the disease persists. It would be very gratifying, if each of these cases could at once be put at complete rest in bed. Internal medication, excepting hexamethylanamine as a prophylaxis against cystitis, is relatively valueless. Tamponing and the use of vaginal suppositories have their place as methods of treatment; but every application or introduction of suppositories should be preceded by a thorough vaginal douching. The vaginal douche that is taken when seated on the toilet stool is a waste of material, time, and energy; and, as in some other conditions, gives a false sense of security.

The vaginal douche should be given only in the recumbent posture in bed with the douche pan so placed as to slightly elevate the buttocks, then a solution will best reach all folds and crevices in and about the cervix. One gallon of solution at each douching is none too much and possibly the minimum amount that should be used.

Regarding the complications that may arise otherwise:—Acute endometritis; metritis; salpingitis; secondary pyosalpinx; ovar-

itis; general gonorrheal pelvic peritonitis; cystitis, may result in a secondary abscess of the kidneys; gonorrheal arthritis; acute, sub-acute, and chronic; in the parturient, following delivery, gonorrheal septicemic with secondary acute endocarditis is a grave danger. While ophthalmia neonatorum has been conquered by nitrate of silver.

The non-surgical treatment of gonorrheal pelvic peritonitis is important. In former years it was, a la mode, to extirpate, ruthlessly and radically all of the internal genitalia, that is a panhysterectomy. This resulted in social and economic loss to the individual, to the family, and to the community. It produced an artificial menopause with all its invaliding effects, and reflex vaso-motor disturbances. The patient becomes a marked economic loss to the family, doctor bills, medicine and a loss of her domestic services about the house. To the community, as an entity, for she exists as an unsexed individual, a neuter gender, if you please, unable to fulfill her duties to the family and the state by propagating the species.

The conservative medical treatment has eradicated much of the pecuniary loss, secondary to panhysterectomy, and when compared with absolute post-operative sterility, the birth rate gain is highly apparent. What has been gained in fertility is an obvious advantage. The conservative treatment consists first in demanding that the patient goes to a hospital for absolute rest in bed in the Fowler position. Liquid diet, ice bag to pelvis, vaginal douches, consisting of forty minimums of tincture of iodine to a gallon of normal saline every three hours. If toxic, proctocylsis should be given every three hours. Four hour temperature chart should be kept, a white blood count, careful urine analysis, with daily examination of the smears of the cervix should be made. Absence of temperature for five days, also absence of pain and tenderness on bimanual examination should be the criterion for allowing the patient to get out of bed.

Careful instruction should be given to the nurse and all dressings used about the patient should be so disposed of as to be ultimately burned. Bed clothes and other linens should be kept separate and carefully sterilized before going with other clothes to the laundry.

A patient should be instructed, as in all cases in both sexes, to be scruplously clean with their hands to avoid the possibility of infecting the eyes. All dishes, utensils and apparatus should be isolated and thoroughly sterilized after each using.

If six or seven successive smears, taken from urethra, vaginal wall and cervic on as many successive days, are found to be free from organism, the major portion of danger from a standpoint of outside infection, has been eliminated. However it may be stated that we cannot be positive that all danger is past as many authorities believe that the gonococcus may exist for months in the tissues and act as a virulent infecting agent to other parts. But we have had the patient at rest, locally treated and isolated, which facts early in the disease serve in a large measure to protect the patient, her associates, and subsequently the public.

Gonococcus bacterial vaccine should always be used in acute cases with a dose of one and one-half million, repeated every 36 or 48 hours, increased in each dose by one million. The serum is a valuable asset at times.

Let us consider Wm. F. Snow's figures in an article in the JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION of December 11, 1915, taken from the New York City Clinic for venereal disease, which is as follows:

Street prostitute	36.6	per cent
House prostitute	18.9	" "
Domestics	10	" "
Friends	10	" "
Working women	7.7	" "
Wives	1.5	" "
Unknown	14.7	" "

This shows that from prostitutes 55.5 per cent of gonorrhea is obtained. Therefore 44.5 per cent is acquired from women who are not professional prostitutes.

The United States Government, realizing the seriousness of this disease among men, has established a Department of Social Hygiene Instruction of the Commission of Training Camp Activities of the War Department, and has arranged a syllabus of official lectures on "Sex Hygiene and Venereal Disease" to be

given to the soldiers. The government has recognized the seriousness of this condition with loss of time in the service of training to the soldiers, and the economic loss in caring for him. Is it not equally incumbent upon us in civil practice to instruct our families whenever the opportunity presents itself, regarding these diseases, both for the protection of those in civil life, and also for the protection of the other women who may in turn be infected.

A campaign waged openly and relentlessly against this disease and its companion, syphilis, is most sorely needed. Yes! Even more than our campaigns against tuberculosis.

This paper is unusually but purposely short as I hope that the discussion will be full, as all of us have had experiences, the recital of which will prove mutually beneficial and instructive.

THE VENEREAL DISEASES IN PUBLIC HEALTH.*

By JOSEPH ROBY, M. D.

Acting Health Officer, Department of Health, City of Rochester

Dr. G. W. Goler whom I represent and with whom I have been associated, became interested in venereal diseases in public health work three or four years ago but did not establish his clinic with the idea of its being a venereal disease clinic only. He dislikes to call it a clinic and always speaks of it as a "consultation." The object in establishing this consultation was not, in his own mind, entirely with reference to venereal diseases but the health office is very often consulted about other matters and there is no place where the people can go to get information. Strangers have no idea who the best physician may be or where to find a specialist. One of the main objects that Dr. Goler had in mind was to give information in general to the public or anybody who might be interested not only on the subject of venereal diseases but also on other subjects such as cancer, tuberculosis, etc. If a stranger wishes to get a physician who knows about diabetes or Bright's disease the office gives him the name of half a dozen or a dozen men who might be experts. The same practice applies

* Lecture to students of Albany Medical College on April 3, 1918, in Public Health Course.

to the various specialties, nose and throat, eye, ear, etc. The "consultation" feature has developed very largely.

Three years ago we opened a consultation for infectious diseases in the health bureau at Rochester, N. Y. The chief object of this consultation was the control of syphilis. We posted signs in the saloons, cheap restaurants and in factories and advertised in the newspapers as follows:

"Residents of Rochester avoid quack doctors, quack dentists and patent medicines. Your time and money will be wasted; you will not be cured and your health may be ruined by the use of them. Free confidential advice concerning your health at the Health Bureau, Chestnut and James streets, Mondays and Thursdays 3 to 4 P. M. and Mondays 7 to 8 P. M."

Then we prepared a history card (a) and consultation card (b) for patients, a tally book (c) in which the names of patients, their residence and the Wassermann reaction are kept, and containing under dates a simple checking list of the last visit and the visit to come. Notices for delinquent patients were prepared and sent them on failure to attend regularly (d & e). We printed a booklet (f) in popular language on both syphilis and gonorrhoea, notified the physicians, hospitals, charitable institutions that we were prepared to receive patients at our Municipal Hospital for Infectious Diseases where they would receive free diarsenol and be kept but a few hours. At the same time at the consultation they would at each visit receive free injections of mercury in a course of eight injections a week apart, with four weeks' rest between each course of injections.

As in the past, it has always been difficult to get patients to continue treatment for syphilis, only a very small percentage of them coming for a sufficient length of time to permit the treatment to have lasting curable effect on the disease, we invoked the aid of the New York State Public Health Law, Sec. 326-a ("Control of Dangerous and Careless Patients"), which reads:

"Whenever a complaint shall be made by a physician to a health officer that any person is afflicted with any communicable disease or is a carrier and is unable or unwilling to conduct himself and to live in such a manner as not to expose the members of his family or household or other persons to danger of infec-

tion, he shall lodge a complaint against such a person with a magistrate, and on such complaint (g) the person shall be brought before such magistrate. The magistrate after due notice and a hearing if satisfied that the complaint of the health officer is well founded may commit him to a county hospital or to any other hospital for the care of persons suffering from such disease."

This section of the Public Health Law would, however, have been of little use were it not for the enthusiastic support given to this work by Chief of Police Quigley, by the former Police Justice and now County Judge Gillette and by the present Police Justice Kohlmetz. They not only carried out the spirit but the letter of the law, and under this law some 20 to 25 syphilitics have been committed to our hospital for failure to attend consultations and to receive that regular treatment which is essential for the cure of disease.

When the Health Bureau Consultation was started there was only a little work done in the various hospitals for the treatment of syphilis. Since the opening of our consultation the Out-Patient Department of the three hospitals have increased their out-patient clinics for the care of syphilis many fold. One of the Settlements with an attached dispensary has opened a clinic for syphilis. To all of these dispensaries we extend the privilege of free diarsenol, if it is given at our hospital, and we return their patients to them for further treatment. We also extend the protection of the Public Health Law to their patients, so that a tardy patient reported to us from the hospitals will receive the same public health law consideration that is given to the patients attending the Health Bureau Consultation. This part of the plan will continue until diarsenol is furnished free or at a normal price by the State Health Department.

By the methods above described we prolong the years of usefulness of a large number of patients, keep them at work and in earning power, maintain them in health, prevent them from going into insane asylums; and thus fully justify the expenditure of money for diarsenol and mercury and the efforts of our physicians and nurses for such care and treatment, and may ultimately, we hope, lead to the prevention of syphilis. By the work we are doing we believe many years of active life are given to our

patients. Without such work as this men would be disabled, women unable to care for their families, children would become premature invalids, because of their inability properly to care for themselves.

In this work we have established a free consultation and information bureau for poor patients with syphilis. We have thus far under treatment about 200 patients with syphilis. Patients living in the neighborhood of Out-Patient Dispensaries are referred by us to such dispensaries.

Our patients have been referred to us chiefly by physicians. In the treatment of these patients our prime object is not to get negative Wassermanns, but it is to keep patients under continuous treatment so that their years of usefulness may be prolonged.

But this is rather a small part of the work. For some time past, at our request, we have been receiving from the State Department of Health duplicate reports of the Wassermann examinations made on specimens of blood sent them by private physicians. We are now accordingly sending a notice (h) and postal card (i) to every physician who has a patient with a positive Wassermann requiring him to keep the Health Bureau informed about his patient. Up to the present time we have had the warmest co-operation from the 50 or more physicians who have helped us with the plan.

It is our desire to get all patients in the city with syphilis under treatment and to compel them to remain under treatment, because we find that it is the general opinion among men who deal with large numbers of syphilitics that without the aid of the firm hand of the law only a very small number, probably less than 5%, of syphilitics remain under treatment long enough to do them any permanent good.

The last part of Dr. Goler's scheme is this:—When the blood is reported back from the State Laboratory that a patient has a four plus Wassermann the physician is sent a letter and the letter states that it is our observation that a very small percentage of patients affected with syphilis remain under treatment long enough to prevent from becoming a danger to others, and a menace to themselves, and that they are thus unable to con-

duct themselves in such a manner as not to expose other persons with whom they may be associated to the danger of infection. It is for these reasons that the Public Health Law has given us power to control such persons. Following out the provisions of that law, we shall require from you a report on the 15th and 30th day of each month, stating that the within named patient is under your treatment. If the patient goes to another physician, a similar report will be required from the next physician. These reports are to be sent until the patient has had, at least, two (2) negative Wassermanns. Failing to receive a report we shall, without further notice, ask the police to secure the patient, and we will proceed against the patient under the Public Health Law.

That, if lived up to, would give us a check on a great many people in the city. Practically, how well it is lived up to I have not been in the office long enough to know. I have the idea that we are dealing with a subject that we have to go a little bit slowly on. I mean in this way. I think that the physicians are rather touchy and they do not like to have their private practice interfered with. I do not know what effect that is going to have upon the physicians because if they are requested to report all their cases of syphilis and gonorrhea I am a little bit fearful that they may decide that they won't let the Health Department know anything about their cases and save themselves the trouble of making the reports. If Dr. B—— reported a case of syphilis and failed to report to us that he was still under treatment at end of two weeks, and we sent a policeman around to that person's residence with a warrant I am sure that Dr. B—— would not report to us very many more cases. I think that unless we go a little bit slowly on that part of it some of the physicians may decline to help us at all. We can handle now those cases that do come to us and are referred to us by this scheme and the Public Health Law. We can carry them through until they either show absolutely no symptoms of the disease or until they have a negative Wassermann, or both.

There has been another thing that impressed me about venereal diseases. Ten years ago I wrote an article for the State Medical Society. That was looking at it in a little different way. I am looking at this now from the private physicians' standpoint. If

the patient ordinarily consults the physician about his troubles he regards it as a matter of strict confidence and does not want his condition reported. I think, on the other hand, that in the case of syphilis or gonorrhea if the patient consults a physician he knows pretty well where his case came from and is so mad that he is willing to give the name of the infecting party to the health officer, and then we should compel the treatment of the original case.

Syphilis is a disease which, as a rule, has a primary infection which is known as a chancre. It begins at the point of contact and the point of contact practically always is with some other person who has had the disease. It is, I presume, within the range of possibility that a contact may come through such a means as a drinking glass. I am inclined to think myself that there is very little syphilis which comes through that source. It comes, as a rule, through contact with some other person who has the disease. If a person gets a sore on his lip it means he has come in contact with some one who had a sore. If he got it from anybody else the psychology would be such he would be very willing to give the name of the person from whom he got it. The same thing with gonorrhea. Provided the name of the patient did not enter into it he would be very willing to give the name of the patient from whom he got the disease. Eighty per cent of the people know where their exposure came from. Not long ago Schamberg of Philadelphia reported seventeen cases of chancre of the lip at a party given by members of a theatrical troupe at which they resorted to childhood kissing games. A great many go along with syphilis, giving it right and left, before anybody checks them up. There is a long slip, because if somebody gets it and gives it to somebody else it is fourteen days or three weeks before the primary sore will appear and it is practically impossible to look back at the original infection. It seems to me that we have to have some better scheme to control it. The scheme that I mentioned would help to control gonorrhea, would be even quicker because gonorrhea comes five to eight days after the exposure. It is perfectly possible to get the original infection of gonorrhea, perhaps earlier than the infected case of syphilis.

Editorial

"This yere Yallerhouse man," says Dan Boggs, comin' along into the Red Light about first-drink time the same mornin', an' speakin' general, "is what conserv'-tive opinion might call 'some sick.' I stops a minute ago an' asks him how he's stackin' up like, but it ain't no use. He's plumb off his mental reservation, an' crazy as a woman's watch."

"Whatever do you allow is the matter of him, Boggs?" asks Old Man Enright.

"Smallpox," says Boggs, mighty confident.

"Smallpox!" repeats Enright; "be you shore?"

"That's what I says," answers Boggs; "an' you can gamble my long suit is pickin' out smallpox every time. I knows the signal smoke like my own campfire."

"Well, see yere," says Dave Tutt, who's come in, "I jest now rounds up them symptoms of this Yallerhouse gent; an' talkin' of smallpox, I offers a hundred dollars even he ain't got no smallpox. Bein' out solely for legit'mate sport," continues Tutt, "an' not aimin' to offend Boggs none, I willin'ly calls it fifty to one hundred he ain't got nothin'."

"Which I takes both bets," says Boggs, "an' deems 'em easy. Which both is like robbin' a bird's-nest. Yere's the circ'latin' medium. Thar; cover it an' file it away with the barkeep to wait results." So Tutt an' Boggs makes their bets mighty eager, an' the barkeep holds the stakes.

As soon as it gets blown through Wolfville this Yallerhouse party has smallpox, everybody comes canterin' over to the Red Light, gets a drink, an' wants to hold a mass meetin' over it. By partic'lar request Enright takes the chair an' calls 'em to order.

"This yere meetin'," says Enright, meanwhile beatin' with the butt of his six-shooter on the poker table, "is some sudden and permiscus; but the objects is easy an' plain. We-alls convenes ourse'fs to consider the physical condition of this party from Yallerhouse, which report says is locoed an' can't talk none for himself. To make this inquiry a success, we-alls oughter see this Yallerhouse gent; an' as thar is fewer of him than of us, I app'ints Jack Moore, Dan Boggs an' Short Creek Dave, a committee of three, to bring him before us in a body. Pendin' the return of the committee the meetin' will take a drink with the chair."

In about no time back comes the outfit, packin' the Yallerhouse man all easy enough in a blanket, an' spreads him out on the floor. He looks sorter red 'round in spots, like somethin's been stingin' of him, but it's evident, as Boggs says, he's locoed. He lays thar, rollin' his eyes an' carryin' on to himse'f, but he don't address the chair or offer to take no part in the meetin'. Enright quaffs his drink all slow an' dignified, an' gazes at the Yallerhouse man on the floor.

"Well, gents," says Enright at last, settin' down his glass, an' givin' the poker-table a little tap with his gun, "yere's the party, an' the question is now: 'What's he got? Do I hear any remarks?'"

"Bein' in the lines, Mister Pres'dent," says Boggs, "of previous assertion, an' for the purpose of bringin' the question squar' before this house, I now moves you this yere Yallerhouse party has the smallpox. I ain't aimin' herein at playin' it low on Tutt, an' su'gests that the chair, in puttin' the question, also informs the meetin' as to them wagers; which the money tharof is now in the war-bags of the barkeep. I believes in givin' every gent all necessary light wherein to make up his mind; an', as I says, to open the game all logical, I ag'in moves this Yallerhouse man has the smallpox."

"*Yo tambien,*" yells a Mexican over near the door.

"Put that Greaser out!" shouts Enright, at the same time bangin' the table. "This ain't no international incident at all, an' nothin' but the clean-strain American Wolf is eligible to howl."

The Greaser goes out on his saddle-colored head, an' Enright puts Boggs's motion.

"Every gent," says Enright, "in favor of this Yallerhouse man havin' the smallpox, say 'Aye;' contrary, 'No.'"

Everybody shouts "Aye!"

"Which the 'Ayes' has it unanimous," says Enright. "The Yallerhouse party has the smallpox, an' the next chicken on the parliamentary roost is the question: 'Whatever is to be done to make this yere malady a success?'"

ALFRED HENRY LEWIS

Wolfville.

The Venereal Disease Problem.

The United States Government, profiting by the lessons of the other warring countries, with the view to conserving the man power, is manifesting great interest in the problem of venereal diseases. Never before has preventive medicine played such a part in warfare. It had been taken for granted that disease is one of the necessary evils of war, but now all are aware of what preventive medicine can accomplish, for example, inoculation for typhoid fever and other sanitary measures have caused the almost complete absence of typhoid fever in the army at the present time. From the military point of view, the question of venereal disease is not that of morals or social evil but of maintaining an efficient fighting force. In the Russian-Japanese War, an important lesson was learned regarding the first-aid care of wounds, and it is also said that for eighteen months there was not an immoral woman with the Japanese army. It is estimated by Poutrier that two hundred thousand men freshly infected with lues mean at least four hundred thousand still-births in the years to come, to say nothing of the pitiful conditions of the many children who survived. Graves says that before this present great war began, twenty-five and three-tenths per cent of the constantly sick in the English army were suffering from venereal diseases. The Vienna report states that the number of syphilitics in the German army must certainly be hundreds of thousands. Since the war began, a total of sixty divisions have been temporarily withdrawn from the fighting because of venereal disease. During the first eighteen months of the war, one of the combatants had more men incapacitated for service by venereal diseases contracted in the mobilization camps than from fighting at the front. In the United States Army, as reported to the Surgeon General, the annual rate per thousand, on the basis of a twelve week period from September 21 to January 7, 1917, for venereal disease is 121.9, and 25.7 for other comunicable diseases including pneumonia, dysentery, typhoid, paratyphoid, malaria, meningitis, and scarlet fever. In other words, venereal disease was almost five times as prevalent in the three combined United States armies as of the other mentioned communicable diseases together. From fifty-six camps, depots and barracks of

the United States Army during the week ending March 15, 1918, 2,136 new cases were reported, an average of thirty-eight and one-half cases per camp. These thirty-eight cases were brought in from extra cantonment zones. The above emphasizes the great importance, from a purely military standpoint, of the prevention of venereal disease. It has taken the great World War to arouse the public to the importance of prevention of venereal diseases. The United States Government, through the United States Public Health Service, numerous State Departments of Health, and City Departments of Health, and private institutions and agencies are acting individually in close co-operation in this important phase of public health work. Special attention is being given to this work in the extra cantonment zones. Venereal disease clinics have been established, free diagnosis and treatment of these conditions and follow-up work instituted in several cities. Legislation, in certain instances, has been effective in the suppressing suggestive advertisements and quacks who have blackmailed and beggared people, shamed and believing that they were affected with venereal disease. Legislation has succeeded in closing houses of commercialized vice, and, in certain instances, on complaint of any citizen to the Court of Chancery, houses have been closed and no one allowed to live in them for a period of one year. Such action was at first opposed by real estate men, but realizing the value of maintaining respectable premises, they gave the abatement and injunction law their hearty support.

The public health activities in preventive medicine, as applied to venereal diseases, is already beginning to show results. Surgeon L. D. Fricks of the United States Public Health Service has stated that the average boy at Camp Taylor, under strict military discipline, is safer than if there was no war and he was running about the streets under normal conditions. According to figures made public on July 12 by the Army Medical Corps, venereal diseases among the troops is being controlled, both here and in France, with remarkable success. It is reported that in France, with 700,000 men mobilized, the rate on June 13 showed less than one new case per thousand men each week.

Although many mistakes will undoubtedly be made in carrying out the details of this new phase of public health activity, the

ultimate results should be of inestimable value not only in conserving an efficient fighting force but in preventing the trail of misery—nervous and mental diseases, still births and abortions, heart and kidney diseases, pelvic inflammation, diseases in men—due to the effects of venereal diseases in the civil life of the community after the war.

Public Health

Edited by Arthur Sautter, M. D.

Department of Public Safety, Bureau of Health, Albany, N. Y.

Compiled by William F. Fullgraff, Registrar.

Bureau of Vital Statistics.

Deaths for Month of June, 1918.

Consumption	28	Broncho Pneumonia	5
Typhoid Fever	0	Bright's Disease	11
Scarlet Fever	0	Apoplexy	14
Measles	0	Cancer	13
Whooping Cough	0	Accidents and Violence	10
Grippe	0	Deaths under one year	13
Diarrheal Diseases	2	Deaths over 70 years	35
Diphtheria and Croup	0	Death rate	15.67
Pneumonia	5	Death rate less non-residents	13.94

Deaths in Institutions.

	Non-res.	Res.		Non-res.	Res.
Albany Hospital	7	12	Home for the Aged	0	4
Albany Hospital Camp	3	4	C. F. of L. Camp	1	0
St. Peter's Hospital	0	3	Public Places	1	2
Homeopathic Hospital	2	6			
Maternity Hospital	2	2		19	35
St. Margaret's House	1	0			
Albany County Hospital	1	0	Births		180
Home for Incurables	1	2	Still Births		12

Division of Communicable Diseases.

Typhoid Fever	4	Whooping Cough	59
Scarlet Fever	0	Tuberculosis	34
Diphtheria and Croup	6	Pneumonia	18
Chickenpox	17	Mumps	19
Smallpox	0		
Measles	100	Total	306
German Measles	49		

Number of days quarantine for scarlet fever:
Longest..... 31 Shortest..... 30 Average..... 30 2/4
Number of days quarantine for diphtheria:
Longest..... 26 Shortest..... 11 Average..... 20
Fumigations:
Rooms..... 163 In 125 Buildings
Milk bottles disinfected..... 641

Communicable Diseases in Relation to Schools.

	Reported D.	S.F.	M.
Public School No. 2	..	..	6
Public School No. 3	..	..	3
Public School No. 6	..	..	4
Public School No. 7	..	..	1
Public School No. 10	..	..	4
Public School No. 11	..	..	4
Public School No. 24	..	..	3
Public School No. 21	..	..	9
St. Joseph's Academy	..	..	2
St. Patrick's Institute	..	..	1
St. Mary's School	..	..	1

Nurse's Report.

Tuberculosis.

Living cases on record June 1, 1918		881
Cases reported:		
By card	34	
Dead cases by certificate	1	35
		916
Dead cases previously reported	26	
Dead cases not previously reported	1	
Removed	8	35
Living cases on record July 1, 1918		881
Total tuberculosis death certificates		27
Non-resident deaths:		
Albany Hospital Camp		3
Resident deaths		24

Visits to Cases of Communicable Disease.

Tuberculosis	72	Physicians	2
Miscellaneous	33		

Laboratory Report.

Diphtheria.

Initial Positive	4	No growth	4
Initial Negative	71	Contaminated	5
Release Positive	69		
Release Negative	195	Total	349
Suspicious	1		

Sputum for Tuberculosis.

Positive	38	Unsatisfactory	4
Negative	82		
Suspicious	3	Total	127

Widals.

Positive	1	Unsatisfactory	3
Negative	8		
Suspicious	1	Total	13

Meningococcus.

Negative	22	Positive	0
		Total	22

Rabies.

Positive	4	Negative	2

Miscellaneous.

Wassermann tests	57	Milk analyses	123

Division of Sanitation.

Complaints made	84	Reinspections	127
Inspections	64	Plumbing	25
Plumbing	24	Sanitary	102
Sanitary	40		

Hearings.

Hearings	5	Cases heard	7

Class of Cases.

Filthy premises	4	Plumbing	1
Chickens	2		

Disposition of Cases.

Abated	6	Reinspection	1

Division of Plumbing, Drainage and Ventilation.

Inspections	99	Houses tested	16
Old Houses	90	Blue or red	7
New Houses	9	Peppermint	2
Permits issued	86	Water test	7
Plumbing	76	Houses examined	41
Building	10	Re-examined	80
Plans submitted	4	Valid	27
Old Buildings	1	Without cause	14
New Buildings	3		

Report of Removal of Dead Animals.

Horses removed	6	Cats removed	207
Dogs removed	155		
		Total	268

Division of Markets and Milk.

Public market inspections	23	Lactometer readings	205
Milk depots inspected	14	Temperature readings	205
Stores inspected	112	Fat tests	24
Dairies inspected	68	Sediment tests	72
Milk houses inspected	68	Bacterial counts	0
Milk cans inspected	540	Dogs examined for rabies	13
Cows examined	840	Dogs re-examined	9
Cows quarantined	4	Beef condemned	160 lbs.
Cows removed	2		

Miscellaneous.

Cards posted for communicable disease	87	Dressings	61
Cards removed	94	Employment certificates issued to children	168
Notices served on schools	250	Cases assigned to health physicians	50
Notices served on stores and factories	18	Calls made	104
Postal card returns sent to doctors	87	Garbage collected from 1st district	228 bbls.
Postal card returns received from doctors	94	Garbage collected from 2nd district	271 bbls.
Inspections and reinspections	96	Garbage collected from 3rd district	339 bbls.
Vaccinations	60		

Medical News

United States Public Health Reports.—The report shows further progress in state and federal co-operation in combating venereal diseases. Thirty-seven states now have laws which require notification. Twenty-four states have made definite arrangements to co-operate with the Federal Government. There are four principal channels in this campaign:

(1) Educational: Acquainting the public with the nature of the diseases and the objects desired to be accomplished.

(2) Law enforcement: Securing co-operation of the physicians in reporting cases, and of the police in apprehending prostitutes, vagrants, and such other persons as can be reasonably suspected of having venereal disease in communicable stages.

(3) Propaganda to secure local funds for providing detention homes and hospital facilities for isolation and treatment of venereal disease carriers who by their habits are a menace to the public health.

(4) Establishment of increased facilities for early diagnosis and treatment.

New York State Department of Health.—Venereal Disease Bureau Established.—On July 1st a Bureau of Venereal Diseases was established in the New York State Department of Health in accordance with the provisions of a new law (Chap. 342) passed by the Legislature of 1918. By this law the bureau is authorized to buy, manufacture, and dispense remedies for the treatment of venereal diseases, to examine specimens submitted to it, to make all necessary tests, to provide and distribute literature on the suppression and cure of these diseases and to use such other means as seem desirable for the instruction of the public.

The personnel of the bureau consists of a chief, a consultant, an organizer and inspector of clinics and dispensaries, a lecturer on social diseases, and a public health nurse. The first duty and service of all these officers is recognized to be educational in most instances. Their special duties are suggested in their titles.

The plan of campaign in brief is first to arouse public interest in the prevalence of the diseases, their modes of spreading, their effects upon the individuals and upon the community and finally in methods for their control and suppression. For this purpose each member of the bureau is available either for organization work or public addresses. For mother's clubs, Y. W. C. A. and other female organizations the public health nurse may be used. A set of lantern slides has been prepared to help make these addresses more interesting.

The second step will be to assist in the establishment of clinics and dispensaries for the treatment of indigent cases. On methods of treatment the consultant will be glad to advise with the proper authorities at any time. On the cost and type of dispensary to establish, the organ-

izer of dispensaries will be able to furnish valuable suggestions from his personal experience. The follow up. methods that will be necessary can be organized by the public health nurse.

The third step will be to furnish asphenamine (salvarsan) for treatment of indigent cases. There is a small appropriation which will become available later for this purpose. The State laboratory is doing experimental work on this substance and hopes soon to be able to furnish it as needed.

The necessary steps will be taken at once to put the new act in force. In addition a number of amendments to the Sanitary Code relating to venereal diseases go into effect August 1st.* Later the entire State will be divided into sections and each section made a unit for carrying on the work.

The venereal disease campaign has been instituted as a war measure to remedy a condition that has long needed vigorous action. It has required a national crisis to focus public attention upon it and thus to secure the necessary public approval for its prosecution.

THE ALBANY GUILD FOR PUBLIC HEALTH NURSING.—On January 1, 1918, the Albany Guild for the Care of the Sick was reorganized and is now known as the Albany Guild for Public Health Nursing. Mrs. George Porter Hilton is chairman, Mr. Jacob Herzog is treasurer, and Miss Florence R. Freeman is superintendent. The headquarters have been moved from 390 Madison avenue to 15 Washington avenue where complete offices have been furnished and equipped. The staff now consists of thirteen members: Miss Florence R. Freeman, director; Miss F. R. Noll, assistant; a supervising nurse has been engaged for September 1, 1918, and other registered nurses to the number of ten. Eighty per cent are now Red Cross nurses and all expect to join.

The Association is a corporate member of the National Organization for Public Health Nursing. It has also joined the State Association for Public Health Nursing.

All the Red Cross nurses will receive the chevrons from Washington in September. This is the nation's recognition to the nurses who are remaining in public health work at the wish of the government.

The Albany Guild for Public Health Nursing affiliates with the Albany Hospital and Homeopathic Hospital and takes the first class in Public Health Nursing on September 8th. In this way the nurses, during their training, get instruction and experience in public health work.

The Albany Guild for Public Health Nursing has districted the city. In that way people learn to know the nurse, and the nurse is able to detect many cases needing care or instruction. Instruction is given free, and nursing service for a small fee.

The Albany Guild for Public Health Nursing does all the nursing for

* See Official Bulletin of July 15, pages 29-32 inclusive.

the Metropolitan Life Insurance Company. This company gives free nursing care to people insured with them.

The Guild also takes care of the nursing service for the Patriotic League and is sending a nurse each week to the Canteen Station for any emergency that may occur.

THE ALBANY GUILD FOR PUBLIC HEALTH NURSING.—STATISTICS FOR JUNE, 1918.—Number of new cases during month, 182; classified as follows: Dispensary patients receiving home care, 1; 33 social; district cases reported by health physicians, 4; charity cases reported by other physicians, 25; 5 prenatal; moderate income patients, 62; 3 prenatal; metropolitan patients, 57; 18 prenatal; social service, 33; old cases still under treatment, 82; total number of cases under nursing care during month, 264. Classification of diseases for the new cases: Social, 33 disp.; medical, 37; surgical, 6; gynecological, 2; obstetrical under professional care, mothers 24, infants 33; prenatal, 26; eye and ear, 0; skin, 1; throat and nose, 1; dental, 0; infectious diseases in the medical list, 17; surgical list, 2. Disposition: Social service discharged, 33; removed to hospitals, 3; deaths, 5; discharged cured, 72; improved, 43; unimproved, 17; number of patients still remaining under care, 91.

Special Obstetrical Department.—Number of obstetricians in charge of cases, 2; students in attendance, 0; nurses in attendance, 3; patients carried over from last month, 0; new patients during month, 4; patients discharged, 4; visits by head obstetrician, 0; by attending obstetrician, 22; by students, 0; by nurses, 30; total number of visits for this department, 52.

Visits of Nurses (all departments).—Number of visits with nursing treatment, 1,110; for professional supervision of convalescents, 890; 451 unrecorded; total number of visits, 2,000; hours at dispensary, 226½; hours on confinement, 90½; cases reported to the Guild by 3 health physicians, and 22 other physicians, graduate nurses 11, substitute nurses 2.

Dispensary Report.—Number of clinics held, 63; new patients, 96; old patients, 449; total number of patients treated during month, 545. Classification of clinics held: Surgical, 5; nose and throat, 7; eye and ear, 15; skin and genito-urinary, 4; medical, 5; prenatal, 3; lung, 7; dental, 0; nervous, 3; stomach, 0; children, 7; gynecological, 7.

THE ALBANY GUILD FOR PUBLIC HEALTH NURSING.—STATISTICS FOR JULY, 1918.—Number of new cases during month, 184; classified as follows: Dispensary patients receiving home care, 40; 39 social; district cases reported by health physicians, 5; charity cases reported by other physicians, 25; 7 prenatal; moderate income patients, 59; 3 prenatal; metropolitan patients, 53; 12 prenatal; social service, 2; old cases still under treatment, 91; total number of cases under nursing care during month, 275. Classification of diseases for the new cases: Social, 40;

medical, 43; surgical, 12; gynecological, 6; obstetrical under professional care, mothers 17, infants 35; prenatal, 21; eye and ear, 1; skin, 0; throat and nose, 1; dental, 0; infectious diseases in the medical list, 8; surgical list, 0. Disposition: Social service discharged, 41; removed to hospitals, 7; deaths, 4; discharged cured, 89; improved, 43; unimproved, 13; number of patients still remaining under care, 78.

Special Obstetrical Department.—Number of obstetricians in charge of cases, 4; students in attendance, 0; nurses in attendance, 3; patients carried over from last month, 0; new patients during month, 4; patients discharged, 2; visits by head obstetrician, 0; by attending obstetrician, unable to reach physicians as yet to get number of calls made; by students, 0; by nurses, 30; total number of visits for this department, —.

Visits of Nurses (all departments).—Number of visits with nursing treatment, 746; for professional supervision of convalescents, 486; 55 unrecorded; total number of visits, 1,232; hours at dispensary, 228¾; hours on confinement, 86; cases reported to the Guild by 3 health physicians, and 25 other physicians, graduate nurses 10, substitute nurses 1.

Dispensary Report.—Number of clinics held, 67; new patients, 79; old patients, 334; total number of patients treated during month, 413. Classification of clinics held: Surgical, 3; nose and throat, 7; eye and ear, 16; skin and genito-urinary, 3; medical, 8; prenatal, 2; lung, 6; dental, 1; nervous, 4; stomach, 0; children, 9; gynecological, 8.

Memorial to Dr. Edward L. Trudeau.—The date for the ceremony of unveiling the memorial statue of the late Dr. Edward L. Trudeau, founder of the Adirondack Cottage Sanitarium, now known as the Trudeau Sanitarium at Saranac, has been fixed for Saturday, August 10. The semi-annual meeting of the board of trustees of the Trudeau Foundation will take place at that time.

Captain Francis B. Trudeau, son of the late Dr. Trudeau, and the members of his family will be present. The Rev. Philemon F. Sturges, a lifelong friend of the late Dr. Trudeau, has been asked to give the ceremonial oration. Bishop Nelson of Albany also has been invited to participate.

The statue has been executed in bronze, with a base of Tennessee marble, by Gutzon Borgium,, whose work already is represented there by the tablet marking the cottage where Robert Louis Stevenson lived while in Saranac Lake. It is the gift of the former patients of the sanitarium and will bear an inscription indicative of the love and gratitude of those who have been healed in body and spirit by the work of "The Beloved Physician."

Medical Service of the Army and Navy.—Dr. Frederic W. Holcomb (A. M. C. '16), of Palenville, N. Y., has received his commission, with the rank of first lieutenant, in the Medical Reserve Corps and is on

active duty as a member of the Cardiovascular Board, Camp Zachary Taylor, Louisville, Ky.

—Dr. John C. Knapp (A. M. C. '16), with the rank of first lieutenant, is serving as a member of Base Hospital No. 40 which is in active service in France.

—Dr. Daniel F. O'Keeffe (A. M. C. '12), of Albany, N. Y., with the rank of lieutenant in the Medical Reserve Corps, has left for Fort Oglethorpe, Ga., where he will be assigned to the medical division.

—Dr. Milton W. Platt (A. M. C. '08), of New York City, formerly of Albany, N. Y., with the rank of first lieutenant in Base Hospital No. 68, has sent word of his safe arrival overseas. Lieutenant Platt received his commission one year ago and has since then been in training at Camp Greenleaf, Oglethorpe, Ga.

—Dr. John H. Robertson (A. M. C. '17), formerly an interne at the Metropolitan Hospital of New York City, with the rank of first lieutenant in Base Hospital No. 48, has sent word of his safe arrival overseas.

—Dr. Herbert E. Sperry (A. M. C. '08), of Rochester, N. Y., with the rank of captain in the Medical Reserve Corps, is on duty at Camp Gordon Base Hospital, Atlanta, Ga.

—Dr. George C. Vogt (A. M. C. '17), has received his commission, with the rank of lieutenant, junior grade, as assistant surgeon in the Naval Reserve Corps. At the present time, he has charge of the hospital of the Endicott-Johnson Shoe Company, of Endicott, where he will remain until called for duty.

—Dr. Harold C. Haviland (A. M. C. '17), of Hudson Falls, N. Y., who received his commission as lieutenant several months ago, while he was serving as an interne at the Albany Hospital, has left for Camp Devens, Ayer, Mass., where he will be stationed at the Base Hospital.

Wounded—Dr. Allson J. Hull (A. M. C. '13), of Williamstown, Mass., with the rank of first lieutenant, has been wounded in action in France, according to word received by his father, Dr. John Hull of Williamstown. Dr. Hull volunteered over a year ago with the British Expeditionary Forces as first lieutenant. He was later transferred to the American forces, where, it is understood, he received the rank of captain. According to the report received, he was wounded in the neck but he is improving steadily and expects to return to active service soon.

War Notes

Chief Surgeon Makes Investigation.—General Meritte Ireland, Chief Surgeon of the American Expeditionary Forces in France, is engaged in an investigation of the methods employed in handling and treating the wounded in the recent battles in which American troops were engaged. He has detailed several surgeons from the regular medical corps and the medical reserve corps to visit hospitals and to confer with medical officers and soldiers.

HENRY FORD STARTS $3,000,000 HOSPITAL.—One of the most complete hospitals in the world, expected to take a large part of the work of rehabilitating American soldiers wounded overseas, is being erected faster than the average building is constructed in peace time, because of government co-operation in the purchase of materials.

The hospital is being built on a twenty-acre tract of land and will have a floor space of 50,000 square feet. It will be a four-story structure, with the exception of the diagnostic building placed in the center, which will be six stories high. There will be 1,300 windows in the building, 40 porches around it, and a roof garden. Mr. Ford is spending $3,000,000 on the institution.

VASSAR TRAINING CAMP FOR NURSES.—Statistics just issued by the Training Camp for Nurses at Vassar College concerning the 437 students, show that in the college representation Vassar leads with 44 students, followed by Smith with 37, Wellesley with 27, Mt. Holyoke with 20 and Oberlin with 18. In all, 115 colleges and universities are represented.

In the classification by States, Ohio leads with 54, New York following with 45, Massachusetts with 35, Illinois with 28, Michigan with 26, and Minnesota with 20. There are six students from Canada, and 41 of our States are represented.

The average age of the students is between 24 and 25, although the ages range from 19 to 44. The college classes run from 1889 to 1919, but the greatest number from any one class come from 1918, just graduated.

In the classification by occupations, teaching leads with 211, while 101 are listed as students. The occupations are varied, the list showing social workers, farmers, newspaper writers, missionaries, Red Cross workers, secretaries, stenographers, singers, chemists and housekeepers.

CANADA COMMISSIONS ITS ARMY NURSES.—Nurses enlisting in the Canadian Army Medical Corps will receive commissions, and will wear uniforms with the shoulder straps of lieutenants, and will be entitled in such uniforms to salutes. For those nurses accepted for the United States, no provision has yet been made for commissions. Canadian nurses desirous of serving should write to the Director of Medical Service, Woods Building, Ottawa, for authorization to be examined, and then report at 49 Bromfield street, Boston, for examination.

RED CROSS COMMISSION TO SWITZERLAND.—An American Red Cross special commission to Switzerland, to take charge of the relief work of American prisoners of war and American civilian prisoners in the hands of the Central Powers, has been organized, with Joseph B. Dimmick of Scranton, Pa., as its chairman. Mr. Dimmick has lived in Switzerland and is thoroughly familiar with Swiss people.

The commission will also extend relief to destitute citizens of the Allied Powers now in Switzerland, and aid the Swiss in relieving suffering occasioned by the war.

Other members of the commission are: Carl P. Dennett, Boston; Athell McBean, San Francisco; Ralph A. Stewart, Boston; and Dr. Alfred Worcester, Waltham, Mass., as deputies, all serving without pay. Headquarters of the commission will be at Berne.

Gift to Red Cross for Research Work.—A gift of $250,000 has been made by Cleveland H. Dodge to the Red Cross for medical and surgical research. As much of the money as needed will be spent to study diseases in the Army and Navy.

In Memoriam

Thomas J. Lally, M. D.

On April 19, 1917, at the age of 43, Dr. Thomas John Lally of Waterbury, Conn., answered to the call that knows no waiting.

Born at Pittsfield, Mass., in 1874, he received his preliminary education in the Pittsfield public schools, his collegiate training in Holy Cross College at Worcester, Mass., and was graduated from the Albany Medical School, with the degree of Doctor of Medicine, in 1899. After a course as interne at the Mothers and Babies Hospital in New York, he came to Waterbury and took up the practice of medicine, which he practiced successfully up to within a few months of his death. In August, 1901, he was married to Mary Elizabeth Rousseau of Springfield, Mass.

He was possessed of an attractive personality and appearance, easily making friends and keeping them. He possessed, also, that rare natural gift, invaluable to the physician, of instilling confidence in his patients. This, with no inconsiderable medical skill, was one of the causes of his early death, for in the faithful effort to answer the exacting calls of a large and ever-increasing practice, he brought on the nephritis and cardiovascular condition, which was all too soon the cause of a great loss to his patients and a lasting grief to his friends.

Requiescat in pace.

Current Medical Literature

REVIEWS AND NOTICES OF BOOKS

Infection, Immunity and Specific Therapy. By J. A. Kolmer, M.D., Dr. Ph., Assistant Professor of Experimental Pathology, University of Pennsylvania. Second Edition. Philadelphia: W. B. Saunders Co., 1917. Cloth, 978 pages.

Kolmer's book is a practical manual of theoretic and applied Immunology. It occupies itself largely with carefully detailed accounts of the various tests and methods that have been developed through the study of immunity reactions but it gives at the same time a sufficiently elaborated statement of the theoretical foundations and in particular presents clear and forceful discussions as to the interpretation of the various reactions described. It shows also the application of all this material to the practical problems involved in the recognition of disease and its treatment by the more specific chemical or biological agents. Concerning itself as it did with many of the newer views and methods, the first edition of the book was of a type that must soon grow old unless frequent revision were made. The appearance of the second edition a little more than two years after the first may be taken as evidence of a desire to keep abreast of the times. Revision has been very thorough. It has involved both subtraction and addition. There is, to take a few examples, no longer any mention of the obsolete von Dungern Complement Fixation Test for cancer and the present day distrust of the Abderhalden test for pregnancy is evidenced in a less favorable discussion of its author's claims. The changes on the positive side are more vital. Here we have the inclusion of a number of new methods or of older ones now more thoroughly established. They are on the whole well chosen although it is difficult to understand why they should include the questionable McDonagh Gel Test for syphilis. There are many amplifications of topics previously treated of more briefly. Reflection of current views and practices is perhaps best seen in the extended attention that is paid to such general topics as Anaphylaxis, Diagnostic Complement Fixation Tests, Prophylactic Immunization and Bacterial Vaccine Therapy. Much recent experience is written into these discussions. Perhaps the most interesting of any single section is that dealing with Chemotherapy. The budding promise of this great field is alluringly set forth although there is no before we can expect the dawn of any synthetic millennium of specific undue belittlement of the great difficulties to be faced and overcome therapy.

As a matter of book making the excellence of the color work in the two new plates is worthy of notice. In particular the new Figure 122 reproduces very acceptably the difficult tints of the Lange Colloidal Gold Test.

Taken as a whole, the book occupies a field distinctly its own. It makes its appeal on the one hand to the laboratory worker interested in the clinical application of the tests and methods constantly employed while on the other hand it presents for the clinician a clear description of the biological methods and applied laboratory technic upon which he is coming to rely more and more in the diagnosis and treatment of disease.

G. S. G.

An Intermediate Textbook of Physiological Chemistry with Experiments. By C. J. V. Pettibone, Ph. D., University of Minnesota. 328 pages. C. V. Mosby Company, St. Louis. 1917.

This textbook is a compact little book, giving the essentials of topics usually included in the general field of physiological chemistry. The subject matter is presented in a clear and interesting manner. The author has purposely avoided lengthy discussions of debated points in order not to confuse the beginner. The book serves as an important link between organic and advanced physiological chemistry and is worthy of the attention of the student desiring a transition textbook. The text covers about 200 pages. The second part of the book contains a selected list of experiments to accompany the text. At the end of the book, the author has added a list of references including some of the best known books in biochemistry and also a selected list of topics. A. K.

Technic of the Carrel Method. By J. Dumas and Anne Carrel. Authorized translation by Adrian V. S. Lambert, M. D., Acting Professor of Surgery in the College of Physicians and Surgeons (Columbia University), New York, with an introduction by W. W. Keen, M. D., L.L. D., F. R. C. S. (Hon.). Paul B. Hoeber. New York.

So much interest has centered about the method introduced by Dr. Carrel for the treatment of war wounds that any book embodying his ideas is certain to be of service.

The success of this treatment, which has been worked out with scientific exactness at Dr. Carrel's laboratory, depends upon the intelligent cooperation of nurses and assistants, as well as upon the surgeon's skill. Realizing this, Madame Carrel and M. le Dr. Dumas amplified the details of the treatment in a small brochure. Dr. Adrian V. S. Lambert has made the English translation of this valuable little book for American and English nurses to supplement the more technical treatment of the subject by Dr. Carrel.

This book is made for use. It is printed in large, clear type, bound in serviceable covers. The illustrations give the necessary working knowledge of the apparatus. A handy glossary of French and English terms, metric tables, and a valuable index for quick reference add to its useful-

ness. Knowledge of the technic is invaluable to every surgeon and nurse. This book gives the necessary information in compact form.

G. E. B.

Traumatic Surgery. By JOHN J. MOORHEAD, B. S., M. D., F. A. C. S. Adjunct Professor of Surgery, New York Post-Graduate Medical School and Hospital, Visiting Surgeon Harlem Hospital, Attending Surgeon, Park Hospital, etc. With 522 original illustrations. Philadelphia and London, W. B. Saunders Company. 1917.

This book is written with the main idea of placing in one volume the information necessary to diagnose and treat all the usual and most of the unusual effects of accident and injury. The text aims to state the measures which the writer has found most practical in his own experience, and an effort has been made to unify and standardize the treatment of such common injuries as wounds, infections, burns, and the usual fractures. It will be noted that stress is placed on the routine use of but few antiseptics, the drainage of all wounds, the immediate and complete reduction of fractures, and non-reliance upon complicated splints or those that hide the part or are irremovable.

The contents consist of twenty-three chapters which treat in a thorough and comprehensive manner, wounds and shock, injuries of tendons and joints, dislocations and fractures, foreign bodies in the tissues, injuries to the head, spine, chest and abdomen, of the nerves and blood vessels, injuries due to electricity, compressed air, and many other allied topics. The work is well illustrated by cuts, photographs and X-ray reproductions. It contains 760 pages.

The book will be found of particular value to the surgeon who will gain much of value in the treatment of these important conditions. It will likewise be found of service to the general practitioner or those who are first called upon to handle this class of cases. G. E. B.

Collected Papers of the Mayo Clinic. Edited by Mrs. M. H. MELLISH. Volume VIII, 1916. Philadelphia and London, W. B. Saunders Company. 1917.

The work of the Mayo Clinic is so familiar to the medical profession and the value of the material which has been published in the seven preceding volumes is of such recognized merit that an extensive review of the present volume is unnecessary. In point of size it is the largest yet published, containing 1,014 pages, and there are 42 contributors to the volume. A wide range of subjects is dealt with. There are thirty separate articles on diseases of the alimentary canal, eighteen of the deseases of the urogenital organs, fourteen on deseases of the ductless glands, seven on diseases of the blood, fifteen on diseases of the head, trunk and extremities, six on technique and eleven on general topics. Many of the articles are of unusual value, and the volume should find a place in every medical library. G. E. B.

The Surgical Clinics of Chicago. August, 1917. Volume 1, No. 4, with 71 illustrations. October, 1917, Volume 1, No. 5, with 84 illustrations. Published bi-monthly. W. B. Saunders Company, Philadelphia and London.

These two volumes have twenty-four contributors from the various clinics of Chicago and comprise the reports and discussion, and in many instances description of the operation, of fifty-eight distinct cases and conditions. Such well known surgeons as Dr. Ochsner, Dr. Bevan, Dr. Eisendrath, and Dr. Shambaugh have contributed a great many of the interesting reports. They represent an excellent manner of disseminating surgical knowledge and these clinics are justly deserving of the popularity which they have attained.

They are of special value to students and younger surgeons. The two volumes contain 500 pages. G. E. B.

Tumors of the Nervus Acusticus and the Syndrome of the Cerebellopontile Angle. By Harvey Cushing, M. D., Professor of Surgery at Harvard University, Surgeon-in-Chief to the Peter Bent Brigham Hospital, etc. Philadelphia and London, W. B. Saunders Company. 1917.

Dr. Cushing's series of brain tumors, from which the acoustic tumors comprising this study have been taken, consists of two groups of cases—a Baltimore series observed during the ten years from January, 1902, to August, 1912, and a Boston series observed in the four years from September, 1912, to February, 1917. There were 337 patients with the diagnosis of brain tumor in the Baltimore series and the nature of the lesion was verified in 195 cases, and there were 447 cases in the Boston series and the lesion was verified in 273 cases. One hundred and thirty-four of these were lesions of the posterior fossa, involving the mid and hind brain; 56 of these were extracerebellar tumors and 30 of the extracerebellar lesions arose from the nervus acusticus. The latter tumors, therefore, represent at least 6 per cent of all tumors.

This volume consists of the report of Dr. Cushing's 30 cases of this type of tumor. Each case is reported in detail. The symptoms, diagnosis and description of the operation and all valuable data bearing upon each individual case is reported in an interesting manner. Finally there is a general discussion of this type of case, particularly with reference to the etiology, the symptomatology, the pathological anatomy and the diagnosis and technique of operation.

The monograph consists of 300 pages and is attractively bound and will prove of exceptional value to those interested in this highly specialized branch of surgery. G. E. B.

A Clinical Manual of Mental Diseases. By FRANCIS X. DERCUM, A. M., M. D., Ph. D., Professor of Nervous and Mental Diseases, Jefferson Medical College, Philadelphia; Consulting Neurologist to the Philadelphia General Hospital; Ex-President of the American Neurological Association, of the Philadelphia Neurological Society and of the Philadelphia Psychiatric Society; Foreign Corresponding Member of the Neurological Society of Paris, and of the Psychiatric and Neurological Society of Vienna; Member of the Royal Medical Society of Budapest, etc., etc.

The second edition of Dr. Dercum's manual maintains the high standard of the previous edition and has, in addition, incorporated in it all the essentials of the advances made in the domain of psychiatry. Intended primarily as a clinical treatise on mental diseases the author has well attained his object. The descriptions are clear, to the point, in facile style and sufficiently comprehensive. Noteworthy are the chapters on mental states associated with visceral diseases and on the psychological interpretation of symptoms. The suggestions made under the caption of treatment are wise and helpful. The author could have profitably amplified upon the relation of the endocrine glands to mental disorders. True the researches of Fauser in dementia precox are described to some extent but the morbid states associated with diseased conditions of the thyroid, suprarenals, pineal and pituitary glands are merely alluded to. Taken as a whole the book is one of the best of its kind and should prove of great help to the general practitioner. N. A. P.

American Illustrated Medical Dictionary. By W. E. NEWMAN DORLAND, M. D. Large octavo of 1,179 pages with 331 illustrations, 119 in colors. Containing over 2,000 new terms. Philadelphia and London: W. B. Saunders Company, 1917. Flexible leather, $5.50 net.

The new edition of the American Illustrated Medical Dictionary is presented in the same attractive and convenient style. The type and arrangement facilitate easy reference. The new edition contains a large number of new words, including war words and war abbreviations. It includes a consideration of the use of capitals and abbreviations, and the etymology of words. There are included anatomic tables; chemical formulas; signs and symptoms; methods of treatment; dosage and therapeutic tables; tables of exanthemata; serum, tests; reaction, staining and fixing methods; portions of veterinary terms, dental terms, medical biographies; indeed, is a small encyclopedia, as well as an illustrated dictionary.

It should be very helpful and valuable for ready reference. T. O.

Physical Exercises for Invalids and Convalescents. By EDWARD H. OCHSNER, B. S., M. D., F. A. C. S. Illustrated; pages 54; figures 40. St. Louis: C. V. Mosby Co., 1917.

This little book consists of a series of simple exercises arranged for the use of convalescent patients and should also be very helpful for people whose occupation does not give them the exercise necessary to keep all muscles properly developed. This is particularly important at this time when it is the duty of all persons to keep themselves in the most efficient condition for work. This simple outline of exercises should be welcomed, for it will be found helpful both to the physician and patient.

T. O.

ALBANY MEDICAL ANNALS

Original Communications

ASSOCIATION OF THE ALUMNI OF THE ALBANY MEDICAL COLLEGE—FORTY-FIFTH ANNUAL MEETING.

The forty-fifth annual meeting of the Association of the Alumni of the Albany Medical College was held in the amphitheatre on Tuesday, June 11, 1918. The usual informal reception was held in the college library, where photographs were exhibited, and greetings exchanged between the hours of 9 and 10 A. M. Decennial class reunions were held at times arranged. The meeting was called to order by the President, Robert B. Lamb ('91) of Beacon, N. Y., at ten o'clock. In the absence of the Secretary, Dr. Frederick A. Williams ('91) was chosen to act as Secretary, *pro tem.*

The following named members of the Association, with invited guests, students of the college, and others interested, were present: A. W. Goodale ('58); Schuyler Lott ('68); D. C. Case ('70); D. H. Cook ('73); H. E. Mereness ('74); Dorman Baldwin, Marcus M. Lown ('77); F. H. Brewer, J. H. Cotter, E. D. Fuller, Charles A. Ingraham, J. P. Prendergast ('78); O. F. Kinloch ('79); George S. Munson ('80); Frank Beebe, F. L. Classen, J. H. Mitchell ('81); G. S. Houghton, Walter W. Scofield, J. B. Washburn ('82); W. D. Hasbrouch, Irving D. LeRoy, Charles P. McCabe, Herbert L. Odell, J. Wilson Poucher, J. F. Reilly, J. M. Stone ('83); Robert Babcock, L. B. Roulison ('84); Charles R. Knapp, Martin MacHarg ('85); C. H. Moore, H. V. Mynderse ('87); John Archibold, Frank H. Lee, E. A. Ludden, Robert F. Macfarlane, John M. McClellan ('88); William Van Doren ('89); Walter H. Conley, W. N.

Knowlton, Robert B. Lamb, F. A. Williams ('91); LeRoy Becker, R. A. Heenan, William G. Lewi ('92); C. H. Herrick, Flavius Packer, T. A. Ryan, P. G. Wallar ('93); Charles Bernstein, John H. Cotter 2nd, William George, G. W. E. Goodell, Arthur Sautter ('94); W. L. Fodder, G. C. Merriman, W. E. Silcocks ('97); A. L. Newton, C. S. Prest, C. W. Skelton, Edgar Vander Veer ('98); E. E. Hinman ('99); Luther Emerick (1900); LaSalle Archambault, Willis J. Merriman ('02); E. M. Griffith, F. C. Mason ('03); John I. Cotter, Branson K. DeVoe ('04); C. W. Louis Hacker ('05); Henry F. Albrecht, A. S. Dederick, Percival W. Harrig ('06); Tiffany Lawyer ('07); H. E. Boorom, E. W. Fuller, Frank Garten, John J. A. Lyons, C. G. McGaffin, J. P. O'Keefe, G. P. Pitkin, Paul V. Winslow ('08); H. H. Drake, Eddy S. Haswell, Ellis Kellert ('09); W. S. Lilienthal, Fred Myers ('10); A. H. Stein, Charles E. Stott ('12); F. C. Furlong ('14); James S. Lyons ('15); Irving Van Woert ('17); C. P. Archambeault, E. B. Campbell, Albert H. Faber, Donald D. Prentice ('18); J. P. Boyd, Melvin Dresbach, Otto A. Faust, George S. Graham, C. S. Merrill, John A. Sampson (Hon.); Edward Easton, Jr., Edmund N. Huyck, Robert Olcott, Amasa J. Parker, Simon W. Rosendale, Ellis J. Staley, Luther H. Tucker (Trustees); and Charles A. Richmond (Chancellor).

On motion of Dr. Conley, the reading of the minutes of the last annual meeting was dispensed with and the minutes were approved as printed in the Albany Medical Annals.

Dr. Skelton moved that the President appoint a committee of three to nominate officers for the ensuing year. The motion was carried and President Lamb appointed as such committee, Dr. Daniel H. Cook ('73), Dr. Irving D. LeRoy ('83), and Dr. R. F. Macfarlane ('87). The nominating committee then retired and later returned with recommendation that the present officers of the Association continue for the ensuing year. The motion was unanimously carried, the Acting Secretary cast a ballot, and the officers as named were duly declared elected.

A verbal report in behalf of the Executive Committee was presented, showing that four meetings had been held during the

year for dicussion of arrangements for and program of the annual meeting of the Association.

The Treasurer, Dr. Robert Babcock, presented his report for the year, as follows:

TREASURER'S REPORT.

CR.

Balance on hand June 1, 1917	$71 06
Dues received during the year 1917	224 00
Total	$295 06

DR.

Various bills paid for which vouchers are presented	159 44
Balance on hand June 1, 1918	$135 62

(Signed) ROBERT BABCOCK,
Treasurer.

Dr. Creighton W. Skelton of Providence, R. I. ('98), offered a special resolution which had been adopted by his class at a meeting held on the evening preceding. The resolution was referred to the Committee on Resolutions.

Dr. George S. Graham, Professor of Pathology, spoke for Dean Ordway who was unavoidably absent in Chicago, as follows:

Alumni and Guests: On behalf of the faculty and teaching staff of the Albany Medical College, I welcome you to the old school.

During the past year there have been very few changes in the personnel of the teaching staff and the methods of instruction. The work has, in general, been carried on in a manner similar to that described in the report of last year. The most important matters for consideration are those directly related to the present world war.

A base hospital medical school unit has been organized in relation to the Albany Hospital. Dr. Arthur W. Elting, professor of surgery, is the director. Dr. Elting has described the organization of the unit in this foreword:

Immediately after the United States declared war upon Germany in April, 1917, the Governors of the Albany Hospital volunteered the services of the hospital for the formation of a Base Hospital Unit for service abroad. This offer was accepted by the American Red Cross

under whose auspices base hospital units were organized. To this unit was given the name of Albany Hospital and Medical College Base Unit No. 33. The Director was appointed by the Red Cross authorities in Washington, and in May, 1917, the active work of organization began. It was at first believed that $25,000 in cash and the equivalent of $8,000 in dressings would equip such a base hospital, but it soon became evident that this sum was scarcely more than one quarter the amount that would be needed. The Albany Hospital guaranteed the $25,000 and the Chapters of the American Red Cross readily volunteered to furnish the required dressings. Through the generosity of a number of corporations and private individuals, the amount of money necessary to furnish the complete equipment (about $100,000) was secured and the necessary purchases made.

A staff of twenty-four physicians and surgeons was organized and 152 men were enlisted. The physicians and surgeons were carefully selected from a very large number of applicants with a view of their individual excellence and the formation of an effective team. The enlisted men were carefully selected from five hundred or six hundred applicants, especial care being taken to see that all the essential arts and trades should be represented so that the Unit as a whole would represent a self-sustaining community. Medical students were not allowed to enlist, but were urged to continue their studies in order that they might supply the deficiency of physicians which now exists and which will increase as the war goes on.

Considerable difficulty was encountered in securing the necessary complement of nurses, sixty-five, but the full quota was eventually enrolled, as well as six civilians to act as stenographers, dietitian, laboratory assistants and registrar.

On August 23, 1917, the American Red Cross certified to the War Department that Base Hospital No. 33 was ready for service. The organization was turned over to the Department of the Surgeon-General, under whose command it has since been.

Every possible effort was made to secure the most modern and useful equipment available to care for 500 patients and easily capable of expansion to care for 1,000 patients. The details of this equipment will appear in the report.

The enlisted men were mobilized into active service at Troop B Armory on November 19, 1917, under the commanding officer, a major of the regular army medical corps.

The active training of the enlisted personnel and later of the officers was carried out at the Armory and the Albany Hospital, during November, December, January, February and March. Every effort was made not only to train the men as soldiers, but especially to train them in the care of the sick and wounded and the general routine of the work they will be called upon to perform in active service in France. The Albany

Hospital furnished superb facilities for such training and every man became acquainted with all the essential details of his prospective work. Thus it will be seen that no pains have been spared to make of this Unit the most efficient organization possible, both as to personnel and equipment, and it is hoped that the service it will render in the field in France will justify the confidence and assistance of those many loyal friends and supporters who have made its organization possible.

At the request of the Director, a committee composed of Mr. Edmund N. Huyck, Mr. Robert Olcott and Dr. Thomas Ordway have consented to verify the accounts and to prepare and publish the report, copies of which are now ready for distribution.

The complete organization and equipment of the Base Hospital represents, in general and special donations and gifts, an outlay of $114,662.72. The details of equipment, personnel and finances will appear in the published report.

In complying with the request of Major Elting that a report be prepared and published the committee feel justified (even at the risk of his disapproval) in adding the following statement:

The Albany Hospital and Medical College Base Unit No. 33, after a safe voyage, has joined the American Expeditionary Forces. The long period of uncertainty and waiting was ended by orders received on April 23rd and on Friday, April 26th, the entire equipment having been transferred from Troop B Armory in thirty hours and shipped by train, the unit marched to the station and entrained for the camp of embarkation. The nurses had been at Ellis Island for nine weeks completing their training and outfitting.

After the campaign for raising funds for the Albany Hospital in May, 1917, the governors paid to the Red Cross to be passed to the disbursing agent for the base hospital $22,275, in gifts contributed through the campaign fund for the base hospital, and in addition the $25,000 guaranteed by the Albany Hospital, a total of $47,275.

Through the increased cost of all materials and additional requirements constantly issued by the Red Cross, it soon became evident, as Major Elting has said, that the amount provided would fall far short of the total needed and the work of securing the additional subscriptions necessary fell entirely upon the director.

Added to the very great task of organization and the selection of equipment, the financial burden was more than should have been placed upon one man. Major Elting, working with an energy and a determination to succeed that only those who were in touch with the situation can understand, secured all the additional funds necessary from personal friends.

The care and thought applied to the selection of equipment by the director and those who assisted him were of the same fine quality and thoroughness, and this spirit was carried to the selection of every member of the staff, the enlisted men and the nurses.

The task of purchasing, collecting and packing the equipment and the keeping of accounts and paying of bills was enormous, and in this work the entire organization of the Albany Hospital, with its superintendent, Dr. Goodwin, who acted as purchasing and disbursing agent, was available and of invaluable assistance.

Miss Johnson, the superintendent of nurses at the hospital, had charge of the enlistment of the nurses and later assisted in the training of the enlisted men. It was fortunate that the temporary headquarters of the hospital unit while undergoing preliminary training were so near the Albany Hospital as to make its facilities available and valuable in many ways.

The long period of waiting after the equipment was completed and the medical staff and enlisted men had been mustered into the service was very trying, but was borne by all with remarkable patience. Those of us who have known the self-control which existed through many months have the greatest admiration for the director, for Colonel Von Schroeder, the military officer in command, and for all the members of the unit.

Albany and this Medical School should be very proud of having sent to the front a base hospital unit which will do splendid work and maintain the highest ideals of modern scientific medicine and surgery.

The majority of the personnel of the base hospital have been taken from the staffs of the Albany Hospital and Albany Medical College and a minor number from other hospitals in Albany, Schenectady and the vicinity.

The absence of these men, if only temporary, will sorely embarrass the teaching in the medical school and the work of the civil hospitals. The number of medical men available for teaching in the school and hospitals is still further reduced by the fact that other members of the teaching staff having joined the Medical Reserve Corps are absent on War Service. Of the *sixty* active members of the teaching staff of the college *twenty-one*, or *thirty-five per cent*, are on leave of absence for Active War Service, as follows:

Dr. Edward W. Becker,
Dr. Arthur Benson,
Dr. Erastus Corning,
Dr. J. Lewi Donhauser,
Dr. Malcolm Douglas,
Dr. Edwin L. Draper,
Dr. Lawrence J. Early,
Dr. Arthur W. Elting,
Dr. L. Whittington Gorham,
Dr. Peter L. Harvie,
Dr. Clinton B. Hawn,
Dr. John L. Hemstead,
Dr. John E. Heslin,
Dr. Thomas W. Jenkins,
Dr. William G. Keens,
Dr. Joseph A. Lanahan,
Dr. Andrew MacFarlane,
Dr. Joseph P. O'Brien,
Dr. Harry L. K. Shaw,
Dr. John F. Southwell,
Dr. James N. Vander Veer.

The relation to and importance of the medical school to the War Department is seen by the following notice to medical and pre-medical students in the report of the Committee on Medical Schools of the Medical Board of the Council of National Defense.

"In the present national crisis a continuous supply of adequately trained medical officers is absolutely essential for the maintenance of armed forces in the field. It would be folly for the country to prepare for the immediate emergency alone—we must face the possibility of the war lasting for years.

"Medical schools are in a sense 'munition works' necessary to produce trained medical officers for the Army and Navy. All medical students must, therefore, in the interest of national safety, continue their work until graduation. With the exception of such men as the Navy can utilize, all graduates are urged to secure a hospital training which the Surgeon-Generals of the Army and Navy consider essential for their arms of the service."

The War Department has, except in financial matters, assumed control of the medical schools—the students are now members of the Medical Enlisted Reserve Corps and detailed to the schools to complete their medical studies. No such student can now be admitted to or advanced in medical schools without the authority of the War Department. The great advances made in medical education during the past ten years are well known to you all and we must expect this World War to effect by Government control even greater changes in the training of medical students. Meetings with this end in view have been held in Washington and New York by representatives of the Surgeon-General's Office, the State licensing boards and deans of the medical schools.

At the request of the Surgeon-General that this school be represented at an important conference the Dean, Dr. Ordway, and the Professor of Anatomy, Dr. Baldwin, are now in Chicago to take part in the discussions.

This conference will take the place of the one previously called for May 15 at Washington. It was found that a decision could not be reached on several important questions before the date originally chosen, and postponement was advisable. The time and place are now chosen with a view to the convenience of those who will attend the annual meeting of the American Medical Association.

The object of the conference in general is to afford an opportunity for representatives of the Army to discuss with representatives of the medical schools the problems arising from the state of war which affects these schools.

The General Staff of the Army has appointed a "Committee on Education and Special Training" to represent the War Department in its relations with educational institutions. It is hoped that representatives of this committee will be able at this conference to state the general plans which affect collegiate and professional training, and which must

form the basis for any plans of the Army in relation to medical education.

The following announcement is made of the present position of the Medical Department in reference to several important questions with which the medical schools are immediately concerned. The decision of other problems will be left until the schools can be consulted at this conference.

Continuous Sessions

It must be evident that the extent to which the United States must enter into this war will seriously tax the resources of the country for medical officers, and that speeding up in the training of medical students is essential. As far as possible any lessening of the thoroughness of this training should be avoided. A saving of time can be made by abolishing the long summer vacations, but it is not practicable to require this step on the part of all schools for the coming summer.

All medical schools that can do so are requested to hold summer sessions *for the next senior class,—the class of 1919.* This will enable these students to complete their course in the medical school three or four months earlier.

Summer sessions for the other classes will be welcomed on the part of those schools which are able now to adopt this plan and maintain the efficiency of the instruction. The immediate adoption of the plan of continuous sessions is left to the judgment of the individual schools. The question of future policy in reference to the continuous sessions will be discussed at the Chicago Conference.

In planning continuous sessions, the plan of four terms of twelve weeks each during twelve months is favored, but the plan of three terms of sixteen weeks will also be acceptable. One week in teach term is allowed for examinations, and the time requirement means actual teaching exclusive of vacations. A school-year by the "quarter" plan would thus consist of 33 weeks of actual instruction, and on the "three term" plan would consist of thirty weeks. Unless certain conditions can be met it is very doubtful if this plan can be adopted by many schools without seriously interfering with the quality of the instruction.

Other Provisions for Students during the Summer of 1918

Provision should be made for all students who have conditions—either entrance conditions or those incurred in the medical course—to remove these conditions before the opening of the fall session. The plan of continuous sessions leaves little opportunity for making up conditions, and students who are left on inactive status must make normal progress with their class.

Students with remediable physical defects should be urged to have these removed during the coming summer. The desirability of thus saving time, and of securing a more complete recovery before active service, is obvious.

Students who must earn money in order to continue their medical education may be allowed to do this during the summer of 1918.

Students who are not provided for by the foregoing arrangements should devote the vacation period to clinical or laboratory work which will better fit them for the duties of medical officers. Schools which cannot organize complete courses for all classes in the school can render valuable service by organizing special courses for some of these students.

It is not practicable for the Medical Department to organize summer military training this year for medical students on an extensive scale.

By these arrangements every medical student on inactive status in the Medical Enlisted Reserve Corps may utilize the summer in active preparation for better service as a medical officer. It is believed that no patriotic enlisted man will be satisfied to take a long vacation when his drafted relatives and friends are in active military service. Few, if any, medical students take long vacations for recreation but either do hospital work or work hard in other ways to secure money necessary for their medical education. The continuous session plan will allow no opportunity for this and other financial arrangements would have to be made.

As the students are already in the service as members of the Medical Enlisted Reserve Corps, it has been suggested by Doctor Lambert that the Government pay their tuition and other expenses, as is done at West Point. It has also been suggested that during what was formerly vacation students be sent to military camps on a salary sufficient to meet their expenses for medical education during the remainder of the year.

Freshman Class

Those medical schools which have heretofore held regular summer sessions will, of course, be permitted to continue the admission of students to the freshman class at this time. Schools which adopt the continuous session plan to begin this summer may organize a freshman class to begin the course between June 1st and July 1st, 1918.

Well-recognized medical schools are authorized to begin matriculation of the freshman class of 1918-19 at once, whether the next session begins this summer or in the fall. A bona fide matriculation will be accepted as establishing membership in the class, as affecting eligibility for enlistment in the Medical Enlisted Reserve Corps. Unless the exemption of students in the second year of the premedical course is authorized in a manner similar to that of the medical students above referred to there will be very few students eligible to enter the medical schools, the supply being automatically cut off at the source as the premedical students reach the age of twenty-one.

Entrance Requirements

Permission to enlist in the Medical Enlisted Reserve Corps must now be obtained from the Surgeon-General's office for each individual case.

Such permission will be granted in the case of medical students, who matriculate in the freshman class of the regular medical course, only

when the Dean's affidavit shows that matriculation has been based on acceptable credentials which meet the following entrance requirements:

The full completion of fourteen units of secondary education and, in addition, studies of collegiate grade as follows:

1. In those schools which are members of the Association of American Medical Colleges.—at least 60 semester hours of college premedical work in a well-recognized university, college, or medical school, including at least 24 semester hours in Chemistry, Biology and Physics. Credit for at least 10 of these 24 hours must be for laboratory work, and there shall be credit for at least 6 semester hours in each of the 3 sciences of Chemistry, Biology and Physics.

2. In those schools which now require at least 2 years of college work for entrance.—the same requirement, whether members of the Association of American Medical Colleges or not.

3. In those schools which are not members of the Association of American Medical Colleges, and have not heretofore required two years of college work for entrance and have not announced a two-year entrance requirement for the session 1918-19.—at least 30 semester hours of college work of which at least eight semester hours are in Chemistry, eight in Biological Sciences, and six in Physics; and of these at least four semester hours shall be for laboratory work in Chemistry, at least four in Biological Sciences, and at least two in Physics. All these specifications must be fully met without any conditions and all must be collegiate work.

The question of making two college years of premedical study, including the premedical sciences, a requirement for all schools classed as "well-recognized" by the Surgeon-General will be discussed at the Conference at Chicago.

If the above plan is enforced it will be seen that a premium is placed on the school with lower standards and it will have a tendency to attract men who have had one premedical year to the schools of lower grade. Indeed, I have been told that one well-known school requiring but one premedical year is bidding for students by offering a special course in physics and other necessary studies so that the students may enter that school next fall without waiting a year to matriculate in one of the schools with a two-year premedical standard. It would seem obvious that the Surgeon-General's Office should class as "well recognized" only schools requiring at least two premedical years. It has been suggested by Doctor Augustus Downing of the State Department of Education that the Government classify the medical schools on the basis of their requiring two or more premedical years in Class A and one premedical year in Class B, and that the former only be classed as "well recognized."

Limitation of Numbers

While it is desirable to train as many medical students as possible, and all good schools should be encouraged to accept students to the limit of

their capacity, it is also essential that enlisted medical students should obtain an adequate professional training in preparation for the duties of medical officers.

Unless they can obtain such satisfactory training, the Surgeon-General will not be justified to leave them on inactive status. Therefore, the number of students admitted to the freshman class should be limited to a number agreed upon after conference with the Surgeon-General's Office. The naturally corollary would seem to be that properly qualified students unable through limitation in number should be detailed to fill the quota in other well-recognized schools.

Preference in matriculation should be given to candidates who are already members of the Medical Enlisted Reserve Corps.

Preference next should be given to those who appear to be eligible to become medical officers on graduation. The question of physical fitness should receive consideration. The following facts in regard to nationality affect the problem. A person must be a full citizen in order to receive a commission; and will not be granted a commission if born in an enemy country, whether a citizen or not. Approval for enlistment, therefore, will not be given to those born in enemy countries, nor to other foreign-born students unless they have taken out first naturalization papers.

Admission of students who are not eligible for a commission in the Army is not forbidden; but attention is called to the importance of first providing places for *all* who are eligible for military service.

Faculty

It will be the aim of the Surgeon-General, in cooperation with the school authorities, to maintain an efficient and adequate teaching force in "well-recognized" medical schools. These schools will be invited to submit a list of essential teachers for the coming school year, as a basis for the selection of those who will be allowed to remain as medical teachers for that period unless their services are needed in the Army because of extreme urgency.

The Surgeon-General is definitely of the opinion that a teacher of enlisted men of the Medical Enlisted Reserve Corps may, by devotion to this work, render as valuable service to the country as would many who are on duty with the active military forces. The appropriate recognition of such service in a military way is an important matter which is receiving the serious consideration of the Medical Department. It is hoped that a satisfactory plan may be announced soon,—at least by the time of the Chicago Conference.

It seems improbable that "recognition" of members of the teaching staff of medical colleges by such insignia as arm bands, chevrons, badges, or even by uniforms, would be considered "appropriate" and serve to keep keenly patriotic active teachers at the schools. It is hoped that a

plan of rotation may be adopted whereby all members of the teaching staff within the age limit may serve the Government directly in war work for four, six or eight months of the year and be returned to the school for a corresponding period of teaching. Such a plan would, on the one hand, give an opportunity to all the teachers to gain a first-hand knowledge of different phases of Military Medicine, Surgery, Sanitation, Hygiene, and Laboratory and Research problems and methods. And on the other hand, it would be of great value in imparting to the medical students the most recent and approved military aspects of medicine and create such a spirit of enthusiasm as is obtained only by direct service.

At the conclusion of Dr. Graham's address, the President spoke of the resolutions which Dr. Skelton had introduced and advised conferring with the trustees and instead of adjournment, taking recess until after lunch. There was opposition to this and some insistence that immediate action on the resolution be taken. The President, calling Dr. John H. Cotter of Poughkeepsie, a former president of the Association, to the chair, took the floor in opposition to the passing of the resolution without some study and reflection. It seemed to be the idea of the resolution that the College needed assistance and the purport of the resolution was to render this, but Dr. Lamb stated that the wording of the resolution was very unfortunate and that it should be changed. On motion of Dr. Charles W. Bernstein, duly seconded and carried, it was decided to approve or disapprove the resolution, section by section, after due discussion.

Dr. Skelton then took the floor and reread the resolution section by section. Section I was approved and carried. Section II was approved and carried. Section III was stricken out. As finally adopted, the resolution reads:

Whereas, The needs of the times as evidenced by the situation affecting the civilian population in France and England, is now becoming increasingly evident in America by reason of the deprivation of the civilian population of medical attendance caused by the demand of the Army,

Whereas, This becomes most evident in the needs of high standards of medical education and the education of large numbers of well-trained physicians and surgeons to supply the necessities of war.

Therefore, be it Resolved, That the Alumni Association of the Albany Medical College, in annual meeting assembled, hereby pledges its loyalty to this institution, and its earnest resolve to forward the best interest of the College in every way.

Therefore, be it further resolved, That for the purpose of furthering this desired need, this Association institute a Graduate Council to consist of one member of each class, elected annually, to cooperate with the Board of Trustees for the purpose of placing this College in the educational eminence that it should occupy.

At the conclusion of a rather lively discussion of this resolution, the President thanked Dr. Cotter for his courtesy in presiding, and resumed the chair.

The President's address being in order, it was moved and carried, owing to the lateness of the hour, that the address be received by title, and ordered published in the minutes.

PRESIDENT'S ADDRESS

At the risk of incurring the displeasure of Dr. Daniel Cook, '73, and interrupting his annual rest, I venture to include an address as a part of to-day's program. It will bring you nothing new in medicine, but applies rather to the present state of affairs of this college.

The repute of the school, extending now well toward the major part of a century, has been uniformly good. If we would so maintain it, it must be by steady, persistent effort made not only by the faculty of the school itself but by the members of this association.

The early history of the college does not differ materially from that of many of its contemporaries. It was originally an association of physicians, who organized themselves for the purpose of teaching and indirectly for the purpose of making Albany a medical center. These objects were duly obtained and I believe it is not presumptuous to say that up to the present time there has been a continuance of this condition, and furthermore I am optimistic enough to believe that Albany will continue as a medical center and that prestige will be added to rather than diminished by the present management of the school.

In the early days the admission requirements were almost negative, but they were essentially similar to requirements of other medical schools in the same class. The number of students was larger and many of the graduates have filled important places in the communities wherein they located.

The requirements for graduation were almost as simple as the requirements for admission. It was necessary then to attend only two full courses of lectures which each were substantially five months long, but though no more than five months could be taken in any single calendar year there was no State board examination and a graduate of the school holding its diploma had only to apply to the nearest county clerk and register his diploma when he was legally authorized to take up the practice of medicine, and these requirements seem to have met the general demands of the situation as it existed at that time.

But in medicine as in all other sciences, tremendous strides forward have been made. The same requirements that were adequate a half century ago are to-day obsolete. The same teaching which was efficient for the standards of a half century ago is wholly insufficient to meet the present day needs.

It was inevitable, therefore, that, if the Albany Medical College was to keep abreast of the times, its methods would necessarily have to be changed so as to meet those uniformly deemed desirable and having adoption by a large majority of reputable medical schools.

At the present moment, as much time is necessary for preliminary collegiate study as was necessary to warrant a man presenting himself as a candidate for a full medical degree. After the two years' collegiate study, he must spend four years in a medical school, the collegiate year being substantially eight months' duration as against five months exacted in the earlier times. So instead of two courses of five months he must spend in the medical school itself four courses of eight months.

With the rigid requirements of the present day it is not at all remarkable that the number of men entering the medical school is fewer than formerly, nor is it to be wondered at that their equipment at graduation is undoubtedly superior to that given you and me. In the earlier days, too, the student's fees were low and these necessarily have been raised, although the sum required from students' fees in no wise defrays the cost of educating a student. In larger endowed schools, I am told that only one-third of the operating expenses of the college is met by the students' contributions, a large sum, substantially two-thirds, coming from the endowment existing for the benefit of the college. It must be plain, therefore, that the present day student leaving the medical school leaves it largely its debtor, and I think it is not out of place to say that he should recognize this indebtedness during the remainder of his professional life. If men wholly outside the medical profession are willing to provide funds which secure the existence of the school, it seems but fair that its alumni should put their shoulders to the wheel and make every possible effort to aid them in the good work.

The capital district comprises roughly the territory of a quarter of a million people. Albany is its center in business and in medicine, the latter largely so because of the existence of the medical college. Destroy the college and few years will elapse before the medical work in surrounding territories will drift into cities maintaining a unified medical organization as exemplified in a teaching college. In a territory of this size only a small school can exist, the clinical material not being large enough to furnish a considerable number of students with adequate instruction. But the small school well conducted offers the advantage of personal contact with the instructors which the larger school can never give, and this personal instruction and intimacy between instructors and students is the very keynote of successful teaching. It is to the upbuild-

ing of just such a school as this, many of which exist in different parts of Europe, that the present management and this association must address itself. To the end that older graduates of the college may know better the change which has taken place, they are cordially invited to visit the college at any time during its operation to make such inquiries as they may wish to do and to witness and criticize the methods of instruction. When the sound merit underlying the organization of the school is common knowledge among the members of the association I have little doubt of a substantial and cordial support. To this end, I invite your fair attention and have every confidence that when fully informed, you will be loyal and strenuous in keeping bright the school record which in past years has served us all well and which must at all costs be successfully maintained.

The report of the Historian of the Association, Dr. Bedell, was then presented and ordered entered on the minutes.

REPORT OF THE HISTORIAN, ARTHUR J. BEDELL, M. D.

Mr. President and Members of the Alumni Association: A year ago, your historian decided to keep a very complete list of all who entered the service of the United States. This has not been found feasible. The work is being done by many other agencies, particularly the Biographical Department of the American Medical Association Journal. At the end of the war, a complete report will be rendered.

There has been no unusual event to interest the Association during the past year.

Your historian regrets that it will be impossible to be present on Alumni Day because the date conflicts with the annual meeting of the American Medical Association.

NECROLOGY

During the past year thirty-two of our Alumni have died:

Dr. ELIAS W. CAPRON ('55), Lotus, Fla., May 2, 1918.

Dr. THOMAS H. CHAMBERS ('55), Georgiana, Fla., at Datona, Fla., June 22, 1917, aged 85.

Dr. W. N. FLEETWOOD ('58), Cochran, Ga., May 4, 1917, aged 82.

Dr. WILLIAM H. THOMPSON ('59), New York City, January 18, 1918, aged 84.

Dr. LOUIS C. B. GRAVELINE ('62), Nassau, N. Y., July 22, 1917, aged 80.

Dr. JOHN H. DEWITT ('63), Saugerties, N. Y., March 18, 1918, aged 75.

Dr. ALFRED B. HUESTED ('63), Delmar, N. Y., February 23, 1918, aged 77.

Dr. JAMES A. PHILLIPS ('65), Morristown, N. Y., at Syracuse, N. Y., December 1, 1917, aged 80.

Dr. PETER G. COTTER ('67), Los Angeles, Cal., June 16, 1917, aged 60.

Dr. CHARLES F. SCATTERGOOD ('68), Albany, N. Y., April 1, 1918, aged 73.

Dr. John L. Schoolcraft ('69), Schenectady, N. Y., October 23, 1917.

Dr. William F. Patterson ('75), Chapel Hill, N. J., March 5, 1918, aged 67.

Dr. George F. Morris ('78), New York City, February 25, 1918, aged 65.

Dr. Edmond F. Fish ('79), Milwaukee, Wis., January 21, 1918.

Dr. Clarence A. Chaloner ('81), Stephentown, N. Y., March 20, 1918, aged 60.

Dr. George A. Krug ('81), Utica, N. Y., January 8, 1918.

Dr. Sylvanus C. Cuttan ('85), Yonkers, N. Y., November 21, 1917, aged 71.

Dr. Adelbert E. Moody ('85), Cornwall, Ont., April 22, 1917.

Dr. George W. Holding ('84), Breakabean, N. Y., at Troy, N. Y., July 25, 1917, aged 60.

Dr. Alphonso C. Dorval ('89), Whitehall, N. Y., December 3, 1917, aged 68.

Dr. John A. Hagar ('90), Gloversville, N. Y., March 6, 1918.

Dr. John J. Sullivan ('90), Passaic, N. J., December 1, 1917, aged 53.

Dr. Melvin Sheldon ('93), Brooklyn, N. Y., at Churchtown, N. Y., October 8, 1917, aged 51.

Dr. Richard L. Stoddard ('95), East Rochester, N. Y., April 28, 1918.

Dr. Rollin A. Kirkpatrick ('98), Troy, N. Y., July 28, 1917, aged 58.

Dr. Thomas E. Deveny ('01), Watervliet, N. Y., at Albany, N. Y., October 24, 1917.

Captain F. Keator, M. R. C., U. S. A. ('03), Kingston, N. Y., December 29, 1917, aged 38.

Dr. Everil C. Haviland ('04), Keene, N. H., May 27, 1917, aged 39.

Dr. Morey C. Collier ('06), Painted Post, N. Y., September 16, 1917, aged 38.

Dr. Whitney H. Joyce (13), Unadilla, N. Y., in France, May 17, 1918, from wounds.

Dr. John D. Arnett ('14), Albany, N. Y., killed in action in France, April 16, 1918.

CLASS OF 1848.

The members of the Class of 1848 were:

Elihu Butts. Has never been located.

G. L. Carhart, Marion, Iowa, died April 20, 1910.

E. H. Clarke. Has never been located.

Thomas S. Dawes, Saugerties, N. Y., historian, died April 11, 1897.

Samuel Dodge. Has never been located.

Joseph Dolson, Hornellsville, N. Y., died June 10, 1893.

Samuel B. Foster, Vestal, N. Y., died.

Austin W. Holden, Glens Falls, N. Y., died July 19, 1891, aged 72.

Lyman B. W. Johnson. Has never been located.

Samuel H. Kelly, Walton, N. Y., died July 22, 1893.

John A. Lidell, died July 7, 1883.
Delos H. Mann, Brooklyn, N. Y. Not located.
A. W. McNaughton, died.
Francis G. Mosher, Coeymans, N. Y., died.
Charles C. Murphy, died August 8, 1874.
Jonathan Nichols, Atlantic, Iowa, died January 17, 1905.
George W. Reynolds, died.
DeWitt C. Rice. Has never been located.
Henry M. T. Smith, died.
Sylvester D. Willard, died.
Randall R. Williams, died June 10, 1910.

CLASS OF 1858.

The members of the Class of 1858 were:
Washington Akin, Troy, N. Y., died August 31, 1909.
N. Rounds Barnes, Cincinnatus, N. Y., died.
Edgar C. Bass, died.
E. Collins Blaisdell, Quincy, Ill., died December 22, 1905.
Elisha C. Bowen, East Cleveland, Ohio, died.
Elias B. Boyce, Averill Park, N. Y., died September 23, 1910, aged 72.
James R. Brett. Has never been located.
Cyrus N. Brown, died.
A. E. Burr. Has never been located.
William P. Bush, died U. S. Service, 1863.
D. M. Caughell, Morrison, Mo., died September 26, 1901.
William B. Chambers, died.
John W. Cobb, Binghamton, N. Y., died January 14, 1915.
Isaac G. Collins, died December 18, 1885, aged 53.
Richard S. Connelly, died.
W. B. Crandall. Has never been located.
Charles W. Crary. Has never been located.
Henry M. Cronkhite. Last known address, Surgeon-General, Washington, D. C.
Willis H. Cross. Has never been located.
Abram DeGraff, Guilderland, N. Y., died January 1, 1915.
George W. Draper, historian, Syracuse, N. Y., died June 8, 1906, aged 73.
J. B. Drummond. Has never been located.
E. P. Ellsworth. Has never been located.
W. N. Fleetwood, Cochran, Ga., died May 4, 1917.
John A. Follette. Last known address, Boston, Mass.
Addison W. Goodale, Watertown, N. Y.
John R. Gregory, Ithaca, N. Y., died July 17, 1887.
John D. Hall, died October, 1886.
Horace Hamilton, died March 16, 1882.
L. H. Hammond, Waterbury, Conn., 1905, aged 69.

JONATHAN K. HAYNES, Hoosick, N. Y., died August 27, 1908.
PETER E. HUBON, died January, 1880.
CHARLES HUTCHINSON, 135 Spring St., Portland, Maine.
E. J. LAWTON, died April 18, 1895.
GEORGE W. LITTLE, Glens Falls, N. Y., died December 16, 1911.
LEWIS MAINE. Has never been located.
GEORGE R. MANN, died U. S. Service, 1864.
GORDON C. MCCLELLAND. Has never been located.
JOHN H. MERRILL, Potter Hill, N. Y., died July, 1894.
JOSEPH MILLIKEN. Has never been located.
WILLIAM W. NEWTON. Has never been located.
ELIPHALET NOTT, JR. Has never been located.
JAMES E. POMFRET, died February 22, 1869.
G. B. REID, died July 28, 1891, aged 59.
CHARLES E. SMITH, Whitestown, N. Y., died January 27, 1914.
GEORGE SPRAGUE. Has never been located.
WILLIAM A. VAN RENSSELAER, died November 17, 1879.
BENJAMIN F. VOSBURGH. Not located.
THOMAS W. WALL. Has never been located.
H. C. WARDLAW. Has never been located.
CORNELIUS A. WINSHIP, Eagle Mills, N. Y., died February 14, 1888.
OSCAR H. YOUNG, Constantine, Mich., died January 29, 1890, aged 54.

HISTORY OF THE CLASS OF 1858.

A. W. GOODALE, Watertown, N. Y., writes: "I am making arrangements to attend the 1918 Alumni reunion which I am sure will give me much pleasure. I am not at my home in Watertown, N. Y., at this time but visiting my daughter, Mrs. F. M. Hugo, wife of the Secretary of State, at 92 Willett St., Albany. I am not in active practice but spend the summers at my summer resort home at the Thousand Islands, in the St. Lawrence river, Jefferson county, N. Y. While there, I am Secretary of the Association and Health Officer. My winters are spent in Florida where the weather seems to agree with me.

"I graduated from the Albany Medical College in June, 1858, and practiced my profession in Jefferson county until April, 1863, when I was made Assistant Surgeon of the 10th New York Heavy Artillery Regiment and was discharged with the regiment after the close of the war in July, 1865. In 1868, I was employed in the medical department of the Phœnix Mutual Life Insurance Company, holding that position for twenty years when I retired from active practice and returned to Watertown. I am a member of the County and State Medical Societies. Am eighty-six years of age."

CHARLES HUTCHINSON, Portland, Me., writes: "I should be more than glad to accept the kind invitation to our class reunion, but my infirmities prevent me from leaving home for any distance. It hardly seems possible that sixty years have passed since I graduated. I have remained

in the same place for nearly fifty years and have met with the average success or better in my practice. I retired from active work ten years ago. My only daughter died in South Carolina in 1878. Have only one son who is practicing law at Portland, Me. My wife is also dead.

"I regret my inability to write you more of my history. Being so far from Albany, I have lost name and address of anyone of my classmates but hope someone of them will be present. Wish you all a festive occasion."

In the absence of the historian, Dr. JAMES F. ROONEY ('98) read his report.

CLASS OF 1868.

The members of the Class of 1868 were:

EDWARD AIKEN, Perry, Iowa, died March 18, 1911, aged 65.
HENRY W. ALLEN. Has never been located.
FORD H. BENEDICT, Weedsport, N. Y., died March 8, 1906.
JAMES A. BLAKE, 352 Jefferson Ave., Brooklyn, N. Y.
ASA B. BOWEN, Maquoketa, Iowa.
JOSEPH R. BROWN, Seward, N. Y., died October 13, 1916.
ORSON F. COBB, West Troy, N. Y., died March 4, 1893.
GEORGE A. COX, Albany, N. Y., died May 21, 1909, aged 63.
EDWIN CROCKER, Narrowsburgh, N. Y., died March 26, 1915.
DAVID S. FAIRCHILD, Clinton, Iowa.
MERRITT B. FAIRCHILD, 1500 N. Salina St., Syracuse, N. Y.
JOSEPH E. FERRY, died.
EDWIN L. FORD, Lexington, N. Y.
JOHN A. FRISBEE. Has never been located.
ANDREW J. GUFFIN, Voorheesville, N. Y.
LORENZO HALE, Historian, died, Albany, N. Y.
FRANCIS M. HAMLYN, Seneca, N. Y., died March 11, 1900.
ROMEO E. HYDE, Plattsburgh, N. Y.
JAMES KELLY, Walton, N. Y., died July 22, 1893, aged 46.
JULIUS KEMPE, Rochester, N. Y., died March 7, 1904.
HENRY D. LOSEE, died.
SCHUYLER LOTT, Bellona, N. Y.
ADAM MACKIE, JR. Has never been located.
WILLIAM H. MEAD, Windham, N. Y.
NELSON H. MESICK, Glencoe Mills, N. Y.
JACOB B. NORWOOD, Preston Hollow, N. Y.
EDWARD F. QUINLAN, 308 West 20th St., New York City.
CHARLES F. SCATTERGOOD, Albany, N. Y., died April 1, 1918, aged 73.
JOHN M. SHIELDS, Pera New Mexico, died May 25, 1915.
EDWARD THOMSON.
LEWIS A. VAN WAGNER, Sherburne, N. Y.
JOHN A. WILBER, died February 12, 1878.
WILLIAM A. WILSON, City Hall, Grand Rapids, Mich.
JOHN N. WRIGHT, died December 21, 1906.

Dr. A. B. Bowen, Maquoketa, Iowa, writes: "Am in receipt of your invitation to the Class reunion and Alumni meeting of our old Alma Mater. I attended the 40th anniversary of my graduation in 1908, also Dr. Fairchild of Clinton, and it certainly will be a treat and an event to attend the 50th anniversary, a privilege not accorded to all of your graduates.

"I left our Alma Mater in 1868 with many other hopeful M. D.'s and went forth into the busy world with high hopes and buoyant spirit to seek fame and fortune. Doctors, like all other classes of citizens, are prone to build 'castles in the air' and have aspirations to certain professional and social attainments. In response to Horace Greeley's advice, I decided to go west for a location and commenced the practice of my chosen profession in that young prairie Stola-Bowa and consequently launched my bark in the town of Maquoketa, Jackson Co., in 1869, some thirty miles west of the Father of Waters. Primitive conditions prevailed in this inland prairie hamlet, but inspired by Prof. March's declaration that nothing desirable is attained in this world without an effort, I soon found myself busily engaged in caring for the afflicted, which was my main asset. By persistent devotion to my calling for some fifty years, I have succeeded beyond all of my early anticipations and expectations; the care of my patients was my first ambition. I found that the physician's life was one of trials and servitude. In 1872, I joined the Iowa State Medical Society. I attended the Society continuously for thirty years and paid my dues, which now constitutes me a permanent member of our State Society. I also early affiliated with the American Medical Association and have attended its meetings in all parts of the United States, the Atlantic, the Pacific and the Gulf cities. I have served as U. S. Pensioner Surgeon for thirty years. Surgeon for the C. & N. W. Ry. Co. for twenty-five years, and President of the Society in 1914. Have taken two tours of Europe during this time, and found some consolation and solace in the hum drum life of a country practitioner. Prof. Alden March, our honored Prof. of Surgery, inspired me to make surgery a specialty, although the doctors in rural districts, cannot select specialties. I find my obstetric record contains 1,400 patients. I reported in papers read before the Iowa State Medical Society over 400 cases of fracture and dislocation treated in private practice. While my surgical record contains 100 appendectomies, hysterectomies, herniaotomies and gall stone cases, not usually indulged in by general practitioner with farm kitchens frequently for operating room. I was pioneer operator in Jackson County for gastro-enterostomy, hysterectomy, gall-stone operations and appendectomy. That I have maintained the confidence of my patrons is attested by the fact of my attending five generations in several leading families of this community and four generations in a large number of families. Prof. Nicholas Senn, once famous surgeon, is authority for the remarkable statement, 'During the past forty years, the medical pro-

fession has made greater progress than during the forty centuries previously.' Our graduates of the Class of 1868 participated in this wonderful achievement and are entitled to some of its glory. My sentiment, 'Be not the first by which the new is tried, nor yet the last to cast the old aside.'"

SCHUYLER LOTT, Bellona, N. Y., writes: "In acknowledgment of your kind invitation to the Alumni reunion, will say that it is my intention to be with you on that day. I have nothing to report by way of professional achievements of special interest. Have lived here forty-six years. For seventeen years was U. S. examiner for pensions and for nearly as long have been health officer of my town."

EDWARD F. QUINLAN, New York City, writes: "I had hoped that I might have the great pleasure of attending our decennial reunion, but find that matters both professional and otherwise will keep me here, until I leave in July for my summer home at the Thousand Islands. Fifty years ago I left Albany, a very happy young man, with a diploma in my possession and the world before me to conquer. The names on the diploma have left a lasting impression for all time for their good works in building up the Albany Medical College. They lived in the past, but their names and deeds live in the present and give fame and luster to our College. Please present my compliments and remembrances to all the Alumni present."

Dr. D. S. FAIRCHILD, Clinton, Iowa, writes: "I am not quite sure that I can attend the Alumni association this year. I would be particularly glad to do so in view of the fact that it is fifty years now for me and for Dr. Bowen of Maquoketa. Dr. Bowen and I have lived neighbors for fifty years and we have generally come together on our reunion excursions. Dr. A. B. Bowen of Maquoketa and I have an annual reunion and are the only ones of the class of 1868 who have come together in Iowa. I felt, under the circumstances, that I ought to write to Dr. Bowen about visiting Albany this year and we have not yet reached an understanding in relation to the meeting. Touching myself in particular, I have to say that my professional life in the fifty years has gone along smoothly. We have had ups and downs, but we feel that altogether more has been gained than lost and that we have little occasion for complaint as to our lot in life. During this period of fifty years no serious accident has come to me and I have lost a very few days from active work, and so far as I myself am able to judge have suffered very little physical or mental impairment.

"I have offered my services to the Government in various ways during this war, but there seems to be a feeling in Washington that when a doctor has reached his seventy-second year that he is a little too old and so I have reconciled myself to acting as the medical member of an exemption board and have personally examined about one thousand men for the service. I have a son, Lieut.-Colonel D. S. Fairchild, Jr., in the medical

service in France as chief medical inspector of the 42nd Division. I also have a son-in-law, Captain H. R. Reynolds, instructor in the Medical Corps, at Ft. Riley, Kansas.

"I am taking the liberty to send a biographical sketch and picture prepared for the National Cyclopedia of American Biography."

HISTORY OF THE CLASS OF 1878.

FREDERICK H. BREWER. Has practiced at Utica, N. Y., where he still resides, for twenty-five years. Dr. BREWER served as President of the Alumni Association for the year 1908. He writes: "Have no complaints so far as social, physical or domestic relations are concerned."

EDWARD W. CARHART died at Brooklyn, N. Y., May 15, 1913, aged 56.

CHARLES I. CONOVER died at Charleston Four Corners, N. Y., in 1909.

JOHN H. COTTER. Dr. COTTER has been a prominent physician of Poughkeepsie, N. Y., for many years and has held various important places in the line of his profession. He served as President of the Alumni Association in the year 1904. His son is a graduate of this medical college.

HORATIO CRAIG died at Ballston Springs, N. Y., July 13, 1914, at the age of 60 years.

EARL D. FULLER. The doctor, who has practiced at Utica, N. Y., for many years, writes: "My life has been rather an uneventful one during the last ten years. It has been a continuous pull with practically only those variations that occur in the life of the average practitioner of general medicine who, like the members of our class, have passed their meridian. * * * Personally, I have done no great thing to be proud of. I have gone on in the even tenor of my way—done my duty as I saw it and expect to continue as in the past—always trying to make some little improvement where possible. I am well and healthy and do not believe that I have ever been in a condition to do better work than today." The doctor's son graduated at the Albany Medical College in 1908. His daughter's husband, a civil engineer, is serving in that capacity with our army in France.

GEORGE F. GARDNER. Dr. GARDNER, after practicing four years at Williamstown, N. Y., located at Ellisburg, N. Y., where he has since employed himself in the work of his profession. The compiler has not heard from him directly, but has been informed that he is a "good doctor" and that he has an interesting family and an attractive home.

STEPHEN A. GATES. At the last decennial anniversary of the class Dr. GATES was located at Eastport, Mich., having resided there from not long after his graduation. He had no family. No response to compiler's letter.

PIERRE C. HOAG. Location unknown, though a letter sent to Manhasset, N. Y., where he is presumed to be living, elicited no reply.

CHARLES A. INGRAHAM. Since 1892 has resided at Cambridge, N. Y., his native town, where he has devoted himself almost exclusively to re-

ligious, sociological and literary work. The first twelve years after graduation were spent in the harness as a practitioner, after which he drifted into these other employments, though still responding to professional calls. Has published four books and is still more industrious than ever in contributing to the magazines. He considers his pamphlet, "The Birth at Moreau (N. Y.) of the Temperance Reformation," his greatest work. It was read before the New York State Historical Association in 1905, was widely reprinted in part or entire and led to "The World's Temperance Centennial Congress," held at Saratoga Springs, June 14, 23, 1908, it being the one hundredth anniversary of the founding of the Moreau Society. These events, connected with the pamphlet, were contemporary with the appearance of the "temperance wave," which has assumed such vast proportions. In all his diversified employments he has found his medical education of inestimable advantage. He and his family are well and prosperous.

Austin D. Johnston. No response. In 1908 was practicing at East Branch, N. Y.

Henry La Hann, Jr., died December 16, 1908, presumably at Burlington, Wis.

Uriah La Moure died at Albany, N. Y., March 2, 1899, aged 55.

Henry Lilienthal died at Albany, N. Y., October 6, 1907, aged 53.

Dr. La Moure and Dr. Lilienthal had practiced for a long period of years at Albany.

Almer A. Lyker. A letter of inquiry addressed to him at Rural Grove, N. Y., where he was thought to be in 1908, was forwarded from thence to two other places in the State and returned to the compiler unopened.

Adelbert H. Mambert. Dr. Mambert writes: "I located in Kingston, N. Y., in the spring of 1878 and have remained here as a general practitioner. I hope that you may be successful in locating our members; and also that I may be present at the Alumni meeting." All the members of the class from whom the compiler heard expressed their intention of being at the Alumni meeting, or regretted that distance prevented.

DeWitt J. Matteson. The class history of 1908 records: "Died at Mt. Vision, N. Y., September 1, 1884, aged 29 years."

George W. McLoughlin. Nothing of the biography of Dr. McLoughlin is available further than that he died at some time previous to 1908.

George F. Morris. Ten years ago was practicing in New York City, where he had resided since soon after graduation. He did not reply to a letter of inquiry sent him. He had a son who, following in the footsteps of his father, was a physician.

William L. Pearson. No response. In 1908 was having a large practice in Schenectady, N. Y., which city has been his home since graduation.

George P. K. Pomeroy. Dr. Pomeroy died at Stuyvesant, N. Y., January 23, 1914. He had lived in that town since his graduation, and practiced there.

JOHN P. PRENDERGAST. He writes: "I started on leaving College to practice in the city of Troy, N. Y., and have been practicing here since and have no cause to complain of results, financial or otherwise. I was married in 1881; have no family."

JOHN C. SHILAND died many years ago at Watervliet, N. Y.

GEORGE F. SMITH died June 8, 1882. Nothing further available.

THEODORE L. ST. JOHN. No response. He attended the last decennial anniversary meeting, at which time he was practicing at Center Brunswick, N. Y., where he had resided for many years.

WILLIAM O. STILLMAN. Except for a few years spent in professional work in Saratoga Springs, N. Y., Dr. STILLMAN has made his home since graduation in Albany, N. Y., where he still practices. He has devoted himself for many years to the promotion of philanthropic enterprises and has exercised a great influence along these lines, extending to international limits. Under his supervision a society for the prevention of cruelty to children and animals has long exercised a beneficial influence in the eastern part of the State. For more than twelve years he has been president of the American Humane Association, and in 1914 was made president of the International organization for the prevention of cruelty to animals. In 1916 he was solicited by the Secretary of War to organize a movement for the relief of animals employed in the army—more than a half million—and to that end has superintended the development of The American Red Star Animal Relief Work. But to enumerate all of the doctor's activities would impose upon the historian a considerable task; suffice it to say, he has many marks to his credit.

FRANK B. SUTLIFF. Extracts from his interesting letter: "Hearing of a vacancy in Hawaii, I again took to the road and was soon in the beautiful city of Wailuka, on the island of Maui. Here I was soon appointed government resident physician for the district, but remained only four years. I would have stayed longer if my good wife had not learned to diagnose leprosy. On returning from a long ride, there would often be a number of natives waiting for me, and the wife would ask me if this one or that was not a leper, and when I would say that he was, she would gather her two little girls to her breast and look out across the sea longingly; and so one day we found ourselves on board a steamer, and the band asked if old acquaintance should be forgot, and with a cheer and a sigh we answered that so long as beautiful things and kindly folk might be recalled, we would not forget them. I finally settled in the city of Sacramento, Cal., and here I have had a full share of the good things of life. * * * I have two grand-children. One, a little miss of four, was just ready for bed. She had been told a story by me, and with all the affection showing in her dimpled face that she felt, she came to my chair, and putting her little hand on my arm, she paid me this well-deserved compliment, 'Nice big fool Grandpapa!' I kissed her good night and said, 'Yes, little girl. I do not know where you get all your

wisdom, but you are right! Because of the things I might have done, and did not; because of the things I have done, and ought not.'" Dr. SUTLIFF was a few years ago a candidate for the Republican nomination for mayor of Sacramento and a campaign circular sent by a classmate contains a brief biography of him and his portrait. He was born in Albany, N. Y., in 1852.

GEORGE W. VAN TASSELL. Began practice at Freehold, N. Y., making his home there for many years until his death.

WILLIAM D. WALRADT. Lived at Castleton, N. Y., for more than twenty-five years. Died at the Albany Hospital after an operation, September 6, 1906. He left a family.

EDWARD E. WHITEHORN. No reply to letter of inquiry. Ten years ago was evidently practicing at Arena, Wis.

CHARLES A. INGRAHAM,
Compiler.

HISTORY OF THE CLASS OF 1888.

The historian received twelve answers to his twice repeated inquiries and only seven attended the decennial reunion.

Dr. JOHN H. NEWCOMB resides and is in good practice at Marysville, Wash. Is well and hearty.

Dr. EARL A. LUDDEN is practicing still at North Brookfield, Mass., and is doing well; is married, but has no children.

Dr. JOHN J. TIMLIN is still at Old Forge, Pa. Is gray, bald and rheumatic, perhaps because he is an old bachelor.

Dr. F. T. STANNARD is practicing at Troy, N. Y., and doing fine; he has a good wife and a happy home.

Dr. E. E. POTTER is still at North Pownal, Vt., and had just recovered from an operation for appendicitis and is doing well; ordinarily he has all he can do. He was present on decennial day and he is as robust as ever.

Dr. MYRON E. STEVENS is still located at Gardiner, N. Y. He has a large practice in the Wallkill valley. His wife died very suddenly last May and he has not yet recovered from the blow. His son and daughter are his consolation in his sad bereavement.

ALFRED F. HODGMAN is still at Auburn and very successful as a specialist in the eye, ear, nose and throat. He is married and has one daughter, rated as a peach. He is a veteran of the Spanish-American war and only wishes he was young enough to be with our army in France now.

F. H. LEE is in a very active practice at Canaan, Conn. He has been there since his graduation in 1888. He has been town health officer for fourteen years, surgeon for the Central Railroad of New England twelve years and holds that now. He was president of the Litchfield County Medical Society in 1910-1911. He is now director of the Canaan National Bank and member of the school board. Is married and has one daughter.

Frederick M. Barney is again in practice at the old town where his father preceded him in practice. He is a veteran of the Spanish-American war, Philippine and Boxer-Chinese war. He is not married and cannot know what peace is.

Dr. J. M. McClelland is practicing at Oneonta, N. Y., where he has had exceptional success since he commenced in 1888. He married in 1894 and has two girls and two boys. His health is good and he is a happy and prosperous man.

Albert L. Tuttle has returned to Kent, Conn., and is a very busy man as he is a very active churchman and magistrate as well as M. D. He was fortunate in marrying a girl from New Jersey and rejoices in having four charming daughters.

Dr. Willard H. Fox writes us from Los Angeles, California, and sends a hearty greeting to his classmates.

Dr. R. F. Macfarlane, acting historian of this class, is a fixture in Astoria, N. Y., where he has been in active practice for thirty-five years. He is chairman of the board of censors of the Queens-Nassau Medical Society, president of the Medical Society of Long Island, commander of Ringold Post, G. A. R.

There were present at the reunion of the Class of 1888: Dr. John Archibold, of Cohoes, N. Y., who had just recovered from a severe operation and we were glad to see him; Dr. Frank H. Lee, looking hale and hearty; Dr. E. A. Ludden, the picture of success; Dr. John J. McClellan, in good shape and vigor; Dr. E. E. Potter, in fine health and spirits, having just recovered from a severe operation. Dr. Frank T. Stannard was there, and it gave us great pleasure to have him with us and learn of his prosperity and happiness. Dr. Macfarlane was present at the banquet also.

We had no responses from the following members: Pratt, Honolulu; Quinlan, Fort Hunter, N. Y.; Winship, Eagle Mills, N. Y.; Cunningham, Warrensburg, N. Y.; Dunning, Dover, Conn.; Keenan, Troy, N. Y.

R. F. Macfarlane,
Historian.

HISTORY OF THE CLASS OF 1908.

To the Alumni Association, Albany Medical College: On the approach of the decennial reunion of the Class of 1908 I have the pleasure of reporting the following history:

Thirty-three members were sent requests for histories and fifteen responded. Five members were not sent requests as their addresses were unknown.

The Class of 1908 is honored by having three members in active service of the country: Lieut. Geo. S. Silliman of the Medical Reserve Corps, who is with the British Expeditionary Force on the western front; Captain John A. Battin, who is in the Medical Reserve Corps and reported seriously wounded while serving on the western front; Lieut.

Wm. L. Munson, member of Medical Reserve Corps, was at last report stationed Base Hospital, Camp Greene, Charlotte, N. C.

The following are the histories of the men who responded to requests which are of interest to the rest of the members of the Class of 1908:

Earl E. Babcock, Adams Centre, N. Y., writes: "After a few months at the Boston Emergency and General Hospital I began general practice at Adams Centre, N. Y., a small town just outside the city of Watertown. I have practiced here for nine years and on review would say the population is about the same.

H. E. Booram, Rockville Centre, N. Y., writes: "It is an honor for me to give you the professional history of Dr. G. S. Silliman who is with the American Expeditionary Force in France. Dr. Silliman spent his interne service at Mineola Hospital, after which he had a lucrative practice at Westbury, L. I. Last July he joined the Medical Reserve Corps of the Army, went to France in September, and at present is serving the U. S. A. in the First Line Dressing Station as a commissioned officer at the French front.

"As to myself, I had my interneship with him at Mineola Hospital, was two years as private assistant with Dr. L. N. Lanehart, of Hempstead, who was an early Albany graduate and surgeon-in-chief to Mercy Hospital. Have been located in Rockville Centre for nearly eight years and doing about equal parts of general medicine, obstetrics, and surgery."

W. H. Conger, Madalin, N. Y., writes: "Prepared for college at the Normal High School, Albany. Graduated from Albany Medical College, May 22, 1908; served as interne at the Ellis Hospital, Schenectady, for ten months. Following a short practice at North Chatham, I located at Madalin, Dutchess Co., N. Y., March 1, 1910, at which place I am still engaged in general practice with special attention to public health work. On September 29, 1909, I married Miss Iva Frances Brown, of Albany, N. Y."

Earl Wm. Fuller, Rome, N. Y., writes: "Graduated A. M. C., May, 1908; interne, Albany Hospital, July, 1908-July, 1909; Private practice, Utica, July, 1909-December 1, 1910; assistant physician, Rome State Custodial Asylum, Rome, N. Y., December 1, 1910-February 28, 1918; appointed physician, Rome State Custodial Asylum, March 1, 1918, and am now serving in that position; member of State Society, Utica Medical Library Association, and St. Luke's Clinical Club."

Roslyn P. Harris, Hudson, N. Y., writes: "A little history—well, it will be very little. After graduating I received the appointment of senior interne at Albany City Hospital for one year. After that I went to Athens on the Hudson, remaining there until March, 1913, when I moved across the river to Hudson and still am here. I am on the staff of the Hudson City Hospital as assistant attending surgeon and roentgenologist. I am married and have two children, one boy and one girl."

J. T. Krause, Bronx, N. Y., writes: "After a short interneship at the

Ellis Hospital in 1908, I opened an office at 148 Third St., Troy, N. Y., and began the practice of general medicine. In December, 1911, I decided that I would make a change and moved to Brooklyn, N. Y., where I became connected with the Long Island State Hospital for the Insane. This afforded me an unusual opportunity to take up the study of psychiatry. After spending about three years at the above-stated institution I took an examination for the position of 'medical examiner of mentally defectives' for the department of education, New York city. Of sixty-nine applicants who took the examination, twenty-eight passed, and I was the fortunate one to head the list. On September 15, 1913, I received my appointment and have held this position up to the present time. I have also been engaged in the practice of general medicine since accepting this position. My private practice has developed nicely and I am seriously thinking of resigning from my position as examiner for the department of education and devoting all my time to the practice of medicine and the study of psychiatry."

C. G. McGaffin, Kings Park, Long Island, N. Y., writes: "June 1st, 1908, went to Taunton, Mass., as interne in the State hospital there, remaining in the Massachusetts State Hospital service until August, 1913. Did pathology most of the time and took a course at Harvard Medical School. August 1, 1913, returned to New York State, entering the State hospital service at Kings Park, and am still here as senior assistant physician. Was married June 1st, 1910, and have one boy two years old. I expect to be in Albany on June 9th and hope to see you and a lot more of the old crowd. Many no doubt are in the service, but those of us who are not ought to turn out in force."

J. P. O'Keefe, Albany, N. Y., writes: "My first year after graduating was spent very profitably as interne at St. Peter's Hospital. From there I went to Schuylerville, N. Y., where I practiced a little over two years, when I decided to specialize on the eye, ear, nose and throat. In November, 1911, I went to New York and soon got busy in several clinics. In March, 1913, I located in Albany, where I am steadily building up a good practice. I am a member of the County, State and American Medical Societies and attending physician, nose and throat, at St. Peter's Hospital, and assistant instructor, nose and throat, at the A. M. C. On October 4, 1916, I married Miss Nellie K. Campbell, a former graduate of St. Peter's Hospital. We have a son five months old and we are very happy."

C. B. Phillips, Amsterdam, N. Y., writes: "On October 1st, 1908, I located at the above address and took up the general practice of medicine and surgery. I was appointed city physician from 1909 to 1913. On January 1st, 1916, I was appointed health officer of the town of Amsterdam for four years. January 1st, 1918, I was appointed county physician for two years. Am attending physician and surgeon to the Amsterdam City Hospital and St. Mary's Hospital; a member of the Amsterdam City Medical Society, being president in 1917; a member of the Mont-

gomery County Medical Society, State Society, and A. M. A. Was married in 1915 and have a son two years old. Have been very successful in Amsterdam and expect to stay here until I check in. Guess that covers everything of importance and hope to be with the 1908 bunch on June 9th."

George W. Pitkin, Bergenfield, N. J., writes: "Suppose it is the same story with all of us, with perhaps a change in names, places and dates—anyway here is mine:

"After graduation I served until March in the Albany Hospital and left there to go into practice at a summer resort, Schroon Lake, where I stayed until the fall. During the winter of 1909-1910 I was looking for a suitable place to practice, and in June, 1910, I located in Bergenfield, N. J., about six miles out of New York city, and did very well from the start. In September of the same year I became connected with the Englewood Hospital, and in 1913 was appointed attending on the surgical staff with a service from October to February each year. From 1914 to 1917 I had a clinic in the New York Post-Graduate Hospital in gynecology, but work here compelled me to give it up. I am still looking for some nice girl to make an old man happy. I am going to try very hard to be with the boys on June 9th and trust we will see a good crowd."

John J. Rainey, Troy, N. Y., writes: "After graduation in 1908, spent until July 1st, 1909, as interne at the Troy Hospital. Entered active practice October, 1909, and at the same time was appointed assistant in the nose and throat department at the Troy Hospital; did general practice and some nose and throat work until September, 1912. Was married that month and sailed for Vienna, where I spent my entire time doing ear, nose and throat work. Returned in the spring of 1913 and became head of the nose and throat work department of the Troy Hospital. For the past five years my work has been exclusively ear, nose and throat. My wife and I have been blessed with a son, now nearly five years of age."

Herbert E. Sperry, Rochester, N. Y., writes: "I accepted an appointment as interne in the Samaritan Hospital at Troy, N. Y., and served in that capacity from June, 1908, to June, 1909. I started in general practice that July at 1812 East Avenue, Rochester, N. Y. This location proved to be a good one and brought me professional and financial success. In May, 1916, I bought my present home and offices at 258 Alexander St. More and more each year do I enjoy my work and home and I am ever conscious of the good practical training I received from the faculty of our Alma Mater. In 1910 I married Mary Onnolee Countryman. She has proved to be a true helpmate and valuable assistant in my work and home, and we are very happy, although we regret that we have no children. Recently I have been commissioned captain in Squadron B, Cavalry of the State Guard, and am considering entering Federal service in the Medical Reserves. It is a regret to me that I will not be able to meet with the class at the reunion on account of professional engagements."

J. E. Windbiel, Amsterdam, N. Y., writes: "Graduated in 1908. In-

terneship, Troy City and Boston Emergency Hospital; sailed for Europe in 1909; studied eye, ear, nose and throat specialty at Berlin, Heidelberg, Vienna, Göttingen Universities, and later at Guy's Hospital in London. Assistant at University eye clinics at Berlin and Göttingen. Assistant for some time at New York eye and ear clinic. Returned to Amsterdam, N. Y., and am in practice of eye, ear, nose and throat exclusively. On staff of City and St. Mary's Hospital. Member City, County, and State Societies. Expect I'll be called 'Over There' soon."

Paul V. Winslow, Brooklyn, N. Y., writes: "As you know, I graduated in 1908; spent one year in the Samaritan Hospital at Troy; one and a half years at the Hudson River State Hospital in Poughkeepsie; three years in general practice in Wappingers Falls, N. Y.; twenty months in the New York State Health Department as a sanitary supervisor; the rest of the time has been spent in New York city doing ear, nose and throat. At present I am practicing at 158 Halsey St., Brooklyn, N. Y., and am officially connected with The New York Post-Graduate Medical School and Hospital, the Brooklyn Eye and Ear Infirmary, and the Brooklyn Hospital. I am a member of the State Medical Society, A. M. A., and the Association of Long Island Physicians, and the American Public Health Association. In September, 1910, I married Irene Gillispie, a Vassar College girl. We have three children, two girls and a boy."

The President, on behalf of Dr. Luther Emerick, President, announced a meeting of the Executive Committee of the Third District Branch of the Medical Society of the State of New York, to be held in the College office at half after eleven o'clock.

There appearing no other business the Association adjourned, for luncheon at Wolfert's Roost Country Club.

The Alumni Luncheon.

The alumni day luncheon was held at Wolfert's Country Club directly after the adjournment of the morning session of the Association, the guests being transported from the College building in automobiles, generously provided by Albany friends of the Association under the direction of Dr. Eugene H. Hinman who officiated as grand marshal for the day. A substantial luncheon was served in the Club ball room considerably over a hundred guests being present. At the head of the room a table was provided for the trustees, Hon. Simon Rosendale, President of the board, presiding. At the conclusion of the service President Rosendale rose and delivered an address of welcome to the

alumni and guests and then outlined briefly, but with great clarity, the steps which had been taken to perfect the present organization of the college and invited the free criticism and generous aid of the Association, pledging on the part of the trustees an honest endeavor to take every reasonable and honorable means to elevate and maintain a teaching standard which would be acceptable not only to the members of the Asociation but to the profession in general as well. At the conclusion of his remarks which were punctuated with frequent applause, he stated that at a meeting held during the previous week the trustees of the College had anticipated the wishes of the Alumni as expressed at the morning meeting of the Association and elected an Alumni trustee in the person of the President of the Association, who henceforth would sit at the deliberations of the board with a full vote to his credit. The President of the Association arose and in behalf of the Association expressed his thanks for the honor conferred stating his entire ignorance of the trustees' action previous to the announcement of the same by President Rosendale. He then called on Dr. Walter F. Conley ('91), President of the Alumni Association of the Albany Medical College for Greater New York and Chief Medical Adviser to the city department of charities, to say a word in reply to President Rosendale's address of welcome. Dr. Conly voiced his satisfaction with the progress made by the College and in behalf of his Association pledged all possible assistance to the progressive movement now inaugurated. While a large number of his members were in the Army Medical Service, he felt that those remaining would lend cordial endorsement to the forwarding of the aims of the trustees which would be greatly strengthened on return of the members now absent. Soon after three o'clock the luncheon was adjourned and the Association members and guests were driven to the Albany Hospital for attendance on the clinics of the afternoon.

Clinics in the Amphitheatre of the Albany Hospital.

There was opportunity to visit the laboratory and wards after the clinics.

Dr. H. C. Gordinier—Presentation of cases including a (1) Case of Chylous ascites et pleurisy, (2) Case of Hypertrophic

Liver Cirrhosis, (3) Case of Brittle Bones, Fragilitas Ossium, and (4) possibly a case of Spleno-myelogenous leukemia.

Dr. LaSalle Archambault—Presentation of cases of Athetosis and Cerebellar Ataxia.

Dr. E. E. Hinman—Case of Pemphigus of the Mouth, and a case of Laryngeal Papilloma.

Dr. John A. Sampson—Presentation of cases of Entero-uterine Fistula; Tuberculosis of the Kidney. Dr. Sampson will also hold a demonstration of photographs and drawings.

Dr. J. M. Berry—Presentation of case of Congenital Dislocation of the Hip Complicated by Anteversion of the Neck of the Femur.

Patient is a girl four and one-half years old. She was first seen when nineteen months old and at that time walked with a limp the right leg being slightly shorter than the left. An X-ray picture showed that there was a congenital dislocation of the right hip, the anteversion of the neck of the femur not being noted at that time. The hip was reduced by the Lorenz method and put up in plaster in the " frog position." Seven months later on removal of the cast the dislocation recurred and X-rays taken at that time showed an anteversion of nearly 90 degrees. The hip was again reduced by the Lorenz method and put up in plaster with the thigh rotated in 90 degrees, abducted 90 degrees and the knee flexed. This position was retained for several months and then the leg and thigh were gradually brought down until the child could stand erect but with the foot rotated in 90 degrees. X-rays taken during the course of the treatment showed that the hip stayed reduced and a good acetabulum formed.

It was thought at first that it would be necessary to perform an osteotomy below the trochanters and rotate the thigh into a normal position but by the use of plaster casts the foot was gradually rotated outward and now the child stands and walks practically normally and an X-ray shows that the anteversion has in large measure corrected itself.

Dr. A. H. Stein—Presentation of cases including Carcinomatosis.

Mrs. A. M., aged 47. Married; housewife; Irish. Entered

June 1, discharged June 22. Complains of lumps on body. Diagnosis general carcinomatosis.

F. H.—Brother died of cancer of stomach. Otherwise neg.

Past H.—Neg.

P. I.—About April 1, 1918 small pimples made their appearance on abdomen and thorax. These steadily grew larger and harder. Flaxseed poultice increased pain but no other effect. Complains of backache frequency of micturition voiding small amount. Urine has strong odor. Has lost considerable weight. Patient a white female adult. Well formed but emaciated. Skin and mucous membranes markedly pale. Skin and conjunctiva a distinct yellowish color.There is a large fixed stone-like mass at root of neck on left side, limiting motion to left. Mass involves inner end of clavicle. Both breasts studded with hard irregular lumps which are freely movable. Axillary glands on both sides enlarged lumps involving skin which is of dark red color and stiff. The skin over the anterior abdominal wall contains numerous nodules of various size some involving skin as above described, the largest mass being about eight inches in diameter. The abdomen is distended and a fluid shifting mass present. Large irregular movable masses are felt on deep palpation. R. B. C. 3,600,000. Hp. 65%. W. B. C. 14,800. Urine contains albumen and few leucocytes. Temp. normal.

Typical nodule shows adeno carcinoma.

Dr. C. H. Moore—Demonstration of Cases and Specimens.

1. Total Corneal Staphyloma.
2. Glioma of retina.
3. Sarcoma of Choroid.
4. Sarcoma of Choroid.
5. Sarcoma of Choroid.
6. Ossification of Choroid.
7. Choked disc.
8. Buphthalmos.

Dr. John A. Sampson—A Report of Two Interesting Cases.

1. An Entero-Uterine Fistula.
2. Tuberculosis of the Kidney.

My object in reporting these two cases is not only because of their clinical interest but also that you, the alumni of the

Albany Medical College, may have some insight in our present methods of teaching.

These two cases were the last ones shown to the present graduating class. They were demonstrated to the entire class before they were operated upon and men in the clinical sections took their histories, examined them, observed the methods of diagnosis, witnessed the operations and followed the patients subsequently.

I. Entero-Uterine Fistula.

The patient, Mrs. C. F., aged 38, was admitted to Dr. Ordway's service complaining of what was thought to be a persistent diarrhoea. It was noticed that the fluid bowel movements came from the vagina. I saw her first on May 14th. It was difficult to obtain a satisfactory history as the patient could not talk English (an Italian). Through an interpreter we found that she had had a miscarriage April 10th, and on the 15th was curetted in her home. Following the curettage she became seriously ill and finally came to the Albany Hospital.

The patient apparently had lost in weight but otherwise her general appearance was good. On bimanual examination the uterus was found to be adherent and surrounded by an inflammatory mass. A fecal discharge which looked like the contents of the small intestine, was present in the vagina. Gauze packed into the vagina was stained where it came in contact with the cervix, and on inserting a piece of rubber tubing into the cervical canal it was noticed that the fecal discharge escaped from the tube.

A diagnosis of a traumatic entero-uterine fistula was made probably resulting from the curettage.

At operation a communication was found between the lower portion of the ileum and the fundus of the uterus. The opening in the fundus of the uterus easily admitted the forefinger, and an opening of similar size was found in the intestine. On account of the extensive adhesions present the uterus, tubes and ovaries were removed, the injured portion of the intestine resected and a lateral anastomosis made. The patient whom you see before you made a satisfactory convalescence and is about to leave the hospital.

II. Tuberculosis of the Kidney.

The patient, Mrs. K. W., aged 35, was admitted to Dr. Ordway's service complaining of painful and frequent urination. Pus and a few red blood cells were found in the urine. I saw her May 1st, found left kidney apparently enlarged, uterus retroverted and bladder distinctly indurated on vaginal palpation. From the latter sign a probable diagnosis of tuberculosis of the bladder or carcinoma was made.

X-rays of the urinary tract was negative. On cystoscopic examination the trigonum of the bladder appeared tubercular, and this process was most marked about the left ureteral orifice. The left ureteral orifice was "silent," while the right was very active. A large ureteral catheter was passed up into the left ureter. The bladder emptied by catheter and phenothalein given In an hour's time 110 c. c. of clear urine was collected from the bladder which represented the urinary output of the right kidney in that time. Only a small amount of thick pus escaped from the catheter in the left ureter. 47.6% of the phenothalein was found in the urine obtained from the right kidney. Tubercle bacilli were found in the urine obtained from the left kidney.

On May 22nd the left kidney was removed.

The patient made a very satisfactory convalescence and is ready to leave the hospital.

The specimens removed at both of these operations will be demonstrated by Dr. Graham in the pathological laboratory.

Dr. George S. Graham—Demonstration of Pathological Specimens, followed by a visit to the hospital laboratories.

Annual Alumni Dinner.

The annual dinner of the Alumni Association of the Albany Medical College was held at the Hotel Ten Eyck on Tuesday evening, June 11th with a record attendance in spite of the absence of many of the Alumni in military service. Dr. Lamb, President of the Association, presided as toastmaster. The fact that we are a nation at war was brought home by the presence of Lt. Col. Gilmore of the Canadian Medical Corps who came on from Toronto where he was spending his first furlough home after three years of service at the front. Dr. Gilmore was in

London doing post graduate work when the war broke out and immediately enlisted. He spoke in a most interesting way of the general subject of "War Injuries." The other speakers were Dr. Richmond, President of Union University, Dr. Eugene A. Noble, at one time superintendent of Seney Hospital, Brooklyn, and recently president of the Woman's College, Baltimore, Md., and Mr. Edmund N. Huyck, president of the Albany Chamber of Commerce who told of the work incident to the organization and equipment of Base Hospital No. 33.

Commencement Exercises.

The eighty-seventh commencement exercises of the Albany Medical College were combined with the one hundred and twenty-second commencement of Union College and were held at the First Presbyterian Church, Schenectady, N. Y., on Monday, June 10, 1918, at ten o'clock.

The graduating exercises were opened by singing the 117th Psalm, after which the Rev. Dr. George Alexander offered prayer. The Honorary Chancellor's Address was delivered by the Honorable Robert Lansing, Secretary of State of the United States, and was subsequently published in full in the *Union Alumni Monthly* and *The Geographic Magazine*. This was a scholarly and authorative review of the causes which led up to the war with Germany, the progress of the United States Army and Navy in the war, and the purposes of the Government in the prosecution of the war. The occasion was further graced by the presence of Major-General Peyton C. March, Chief of Staff of the United States Army, who was the guest of honor, and upon whom was conferred the honorary degree of Doctor of Laws.

The Medical Department was represented by Hon. Simon W. Rosendale, of the Board of Trustees, and by Hermon C. Gordinier, M. D., of the Faculty.

The degrees were conferred by the Rev. Dr. Charles A. Richmond, Chancellor of the University. The following named candidates for the degree of Doctor of Medicine were presented by Hermon C. Gordinier, Professor of Medicine, representing the Faculty:

Charles Pahl Archambeault ..... Brooklyn
Clarence Walter Barth ..... Schaghticoke
Edward Buckley Campbell, A.B. ..... Cohoes
Hubert Francis Carroll ..... Indian Lake
Albert Henry Faber, Jr. ..... Canandaigua
Charles Willard Green ..... Schenectady
Charles James Higley ..... North Adams, Mass.
Patrick Henry Huntington ..... Fort Edward
Gerald Reid Jameison ..... Albany
Donald Dean Prentice ..... Pittsfield, Mass.
George Edward Smith ..... Troy

The commencement procession, a time-honored and impressive ceremonial, formed at half after nine o'clock. The Trustees and candidates for honorary degrees met at the President's House, the Faculty at Silliman Hall, the Undergraduates and Alumni, the younger classes preceding, and the graduating class at the College Chapel. The line of march was past Silliman Hall and the President's House to the church, where seats were reserved for those taking part in the procession.

An added sentiment was felt on this occasion of the first participation of the Medical Department, by the presence of General March, who is a collateral descendant, in the third generation, of Dr. Alden March, the founder of the Albany Medical College.

Mr. Luther Tucker, Secretary of the Board of Trustees, announcd the award of prizes. The Vander Poel Prize, endowed by Mrs. Gertrude W. Vander Poel, in memory of her husband, the late S. Oakley Vander Poel, for many years a professor in the College, consisting of a clinical microscope and accessories, offered to the senior student passing the best bedside examination in general medicine, was awarded to Dr. Patrick Henry Huntington.

The prize, consisting of an ophthalmoscope, offered by Dr. Merrill for the highest standing during the senior year in ophthalmology and otology, was awarded to Dr. Charles Willard Green.

The Townsend Physiology Prize, endowed by the late Professor Franklin Townsend, Jr., M. D., was awarded to Mr.

Lyle Adin Sutton, for passing the best examination in physiology at the end of the first year of study.

Dr. Boyd's Prize to the senior student having the highest standing during the year in obstetrics was awarded to Dr. Gerald Reid Jameison.

The Daggett Prize, consisting of sixty dollars, for the best "anatomical specimens," was awarded to Mr. John Arthur Taylor, and the second Daggett Prize, amounting to thirty dollars, was awarded to Mr. William L. Gould.

The Daggett first prize for the best "deportment irrespective of scholarship," consisting of sixty dollars, was awarded to Dr. Herbert Francis Carroll, and the second prize, consisting of thirty dollars, was awarded to Dr. Clarence Walter Barth.

The Bigelow Prize, endowed by the late Professor John M. Bigelow, M. D., consisting of eighty dollars, offered to the senior student passing the best examination in diseases of the nose and throat, was awarded to Dr. Patrick Henry Huntington.

The exercises concluded with the "Ode to Old Union" and the benedictory pronounced by the Chancellor.

Editorial

> He then asked me many questions about the relative price of articles in England and St. Helena, and concluded by asking if I took any fees for attending the sick people on the island. I replied in the negative, which seemed to surprise him. "Corvoisart," said he, "notwithstanding his being my first physician, possessed of great wealth, and in the habit of receiving many rich presents from me, constantly took a Napoleon for each visit he paid to the sick. In your country particularly every man has his trade; the member of parliament takes money for his vote, the minis ers for their places, the lawyers for their opinion."
>
> *Napoleon in Exile.* BARRY E. O'MEARA.

✝ ✝ ✝

Alumni Day, 1918

It has been the custom since the foundation of the Association in 1874 that the alumni assemble upon commencement day, and that the program be arranged to permit attendance upon the graduating exercises. The conferring of degrees this year at Schenectady prevented

the observance of this time-honored practice, and the Executive Committee, after careful consideration, decided upon a reunion to be held the day following Commencement, and that a program should be arranged contemplating exercises for the entire day. There may have been some doubt as to the acceptability of this departure, but the result justified the attempt, and all enjoyed the occasion, the novelty of which may have contributed to its success. At any rate the event passes into the records as one of the most agreeable of the annual meetings of the Association. In spite of the deflection of the Commencement, and the sessions of the American Medical Association and the absences in War Service, the attendance was large and the participants were enthusiastic.

The day began with the usual assembly and registration in the morning, followed by the formal meeting of the Association in the amphitheatre, under the presidency of Dr. Lamb. Afterward there was an exhibition of the different new laboratories in the College with demonstrations of methods by the heads of departments. Professors Baldwin, Dresbach and Knudson were present to discuss modern methods of instruction in practical anatomy, physiology and physiological chemistry. Promptly at one o'clock the Association was taken by automobile to the Wolfert's Roost Country Club, for luncheon. The weather was delightful and the beauties of this suburban retreat added to the enjoyment of an unusual feature of the program. Some slight formality attended the luncheon, which was presided over by the Hon. Simon W. Rosendale, President of the Board, who, in a few remarks, indicated the interest and purpose of the trustees to promote the welfare of the College, and announced the adoption of a resolution making the President of the Association an *ex-officio* member of the Board. This innovation was received with pleasure, and anticipated some action on the part of the Association, suggested at the morning session, looking toward a request for representation.

After the luncheon followed the afternoon visit to the Albany Hospital, where clinical demonstrations were arranged in variety and scope to meet the taste of the visitors. Thus, in the simple process of evolution and organization, was revealed the in-

evitable advance of medical instruction. It cannot be reiterated too often, as long as the needs of education are under discussion, that an institution of learning is not a building. This is particularly true of a medical school. Buildings are the least of the requirements, and an elaborate and monumental structure is more often a hindrance than a help. The two great divisions of medical science were wonderfully emphasized in this day of celebration, in the laboratories in the morning and the clinics in the afternoon. For the first two years the student is engaged in learning the normal structure and the function of the human body. That this cannot be done in the open air goes without saying, and that the equipment and material are of much more moment than architectural magnificence is none the less evident. In short, adaptable buildings, modest in appearance and adaptable in design, are sufficient for the purpose, if the teachers and the material are competent for the work of instruction and research. The ANNALS may be pardoned for dealing at some length with this topic, for it is advisable that a correct view be given and misapprehensions removed. There are no doubt alumni who recall with veneration and preserve with pride the memories of the teachers who prepared them for the responsibilities of professional life. Among them are some who are willing and able to manifest their sense of obligation by practical assistance to their Alma Mater, but who stand appalled when confronted with the idea of an expensive and elaborate building. For such friends of the College an additional incentive to generosity may be found in the unselfish contributions to running expenses made by individual members of the Board of Trustees, with no other reason than that of unalloyed public spirit. To those, then, who are disposed to assist, the suggestion may not come amiss, that personally, or by classes, the opportunity for endowment or equipment of one laboratory or another may meet with helpful response.

For the two senior classes instruction is given in the wards of the hospital. The administration of the Albany Hospital is rapidly conforming with the requisition upon it as a "teaching institution," and the identity of its staff with the faculty of the College has been established.

The annual alumni dinner in the evening at the Hotel Ten Eyck was notable for the attention given to the all-engrossing topic of the War. The committee of arrangements were fortunate in having the presence of Lieutenant-Colonel Charles Gilmour of the Medical Service of the Canadian Expeditionary Force. Colonel Gilmour, home on furlough, after years of service at the front, described his experiences with the wounded, and gave much of value to physicians intent upon directing their thought to intelligent action upon the demands now or soon to be made. Our own Captain Charles G. Briggs ('89), of Schenectady, was to have been present. Decorated by the French Government for distinguished service and valor, it would have been pleasant for his associates to have met and congratulated him. It is suspected that his courage is more in evidence in the rain of shells and the turmoil of battle, than in the peaceful atmosphere of post-prandial oratory. Modesty evidently deterred him from even the exhibition of his person, which would have been acceptable and satisfactory, without demand for exercise of the faculty of speech. He, perhaps, failed to realize the affection with which he would have been greeted, or the good-will which accompanies him on his return to his duties in France.

So ended one of the most successful of the meetings of the Alumni Association. The occasion was significant of a new era, and in its characteristics was suggestive of regeneration. The officers who had carried out a new program to successful issue were unanimously chosen for another year, and this speaks for further unification of the alumni. The extension of the Commencement season to two days reveals possibilities of greater scope. With the cooperation of all branches of the University, the time may come, not far distant, when Commencement Week will be an annual festival absence from which only the pressure of engagements or disability will excuse.

Diedrich Knickerbocker describes the ancient burghers of Nieuw Amsterdam as corpulent and phlegmatic. It was their custom to envelope themselves in tobacco smoke from the obscurity of which were heard from time to time mysterious sounds resembling groans, by some interpreted to be friction of the

spirit in its evolution of wisdom, by others, scoffers, to be snores. But the faithful were often sustained in their credulity by the event of these sonorous meditations. One Oloffe, the Dreamer, is reputed to have seen the spirals of smoke take the form of a large and beautiful city, whose turrets and spires and busy marts revealed the greater New York that was to rise from the modest settlement of his day. And there may be dreamers, Dutch or otherwise, in the rapidly growing communities of our day. The magnificent boulevard which leads, straight as an arrow, from the City Hall of Albany to the City Hall of Schenectady already threatens the individuality of those two ancient towns. Its borders are set with villas in what, a few years ago, was a sandy waste; and the line of demarkation between the two cities is lost except as it is indicated by formal and disfigured road-side tablets. In this larger city which is to be, the vision of the dreamer reveals the cloisters, the temples, the groves, the gardens, the walks, always the material evidences of culture of mind, and in the university of this metropolis of his hopes beholds its intellectual endowment in the institution which stands not only for a Union of Faiths, but a Union of Cities.

Public Health

Edited by Arthur Sautter, M. D.

Department of Public Safety, Bureau of Health, Albany, N. Y.

Compiled by William F. Fullgraff, Registrar.

Bureau of Vital Statistics.

Deaths for Month of July, 1918.

Consumption	18	Bright's Disease	12
Typhoid Fever	0	Apoplexy	8
Scarlet Fever	1	Cancer	16
Measles	1	Accidents and Violence	14
Whooping Cough	1	Deaths under 1 year	11
Grippe	0	Deaths over 70 years	38
Diarrheal Diseases	5	Death rate	15.69
Pneumonia	1	Death rate, less non-res.	12.66
Broncho Pneumonia	2		

Deaths in Institutions.

	Non-res.	Res.		Non-res.	Res
Albany Hospital	12	11	Maternity Hospital	1	0
Albany Hospital Camp..	2	6	Home for Aged.....	2	2
Hospital for Incurables.	2	3	St. Margaret's House...	2	0
Homeopathic Hospital .	5	14	Public Places	1	3
St. Peter's Hospital	2	5			
County Hospital	5	0		34	44
Births					181
Still Births					7

DIVISION OF COMMUNICABLE DISEASES.

Typhoid Fever	6	Whooping-cough	55
Para Typhoid Fever	3	Tuberculosis	23
Scarlet Fever	2	Pneumonia	11
Diphtheria and Croup	10	Mumps	6
Chickenpox	16	Puerperal septicaemia	3
Smallpox	0		
Measles	63	Total	211
German Measles	13		

Number of days quarantine for scarlet fever:
Longest..... 0 Shortest..... 0 Average..... 0
Number of days quarantine for diphtheria:
Longest.....21 Shortest.....12 Average.....17
Fumigations: Rooms..... 180 Buildings.....86
Milk bottles disinfected 468

NURSE'S REPORT.

Tuberculosis.

Living cases on record July 1, 1918.....		881
Cases reported:		
By card	19	
Dead cases by certificate.....	4	23
		904
Dead cases previously reported.....	14	
Dead cases not previously reported.....	4	
Removed	1	
Died out of town	1	20
Living cases on record Aug. 1, 1918.....		884
Total tuberculosis death certificates.....		18
Non-resident deaths:		
St. Peter's Hospital	1	
Albany Hospital	1	2
Resident deaths		16

Visits to cases of tuberculosis	72
Visits to physicians	2
Miscellaneous	20

Laboratory Report.

Diphtheria.

Initial Positive	12	No growth	2
Initial Negative	126	Contaminated	12
Release Positive	33		
Release Negative	105	Total	290
Suspicious	0		

Sputum for Tuberculosis.

Positive	30	Unsatisfactory	1
Negative	71		
		Total	102

Widals.

Positive	3	Unsatisfactory	0
Negative	13		
		Total	16

Miscellaneous.

Wassermann tests	97	Water analyses	3
Milk analyses	68	Dogs examined for rabies	14
Milk analyses (special)	1		

Division of Sanitation.

Complaints	108	Reinspections	84
Inspections	90	Plumbing	20
Plumbing	23	Sanitary	64
Sanitary	67		

Hearings.

Hearings	3	Cases heard	5

Class of Cases.

Filthy premises	3	Pig	1
Milk	1		

Disposition of Cases.

Abated	3	Reinspection	2

Division of Plumbing, Drainage and Ventilation.

Inspections	127	Houses tested	15
Old houses	78	Blue or red	5
New houses	49	Peppermint	4
Permits issued	88	Water test	6
Plumbing	75	Houses examined	38
Building	13	Re-examined	52
Plans submitted	9	Valid	22
Old buildings	8	Without cause	16
New buildings	1		

Removal of Dead Animals.

Horses removed	9	Cats removed	121
Dogs removed	245		
		Total	375

Division of Markets and Milk

Public market inspections	25	Lactometer readings	264
Milk depots inspected	18	Temperature readings	264
Stores inspected	96	Fat tests	60
Dairies inspected	59	Sediment tests	88
Milk houses inspected	59	Dogs examined for rabies	7
Milk cans inspected	576	Re-examinations of dogs for rabies	21
Cows examined	524	Complaints investigated	12
Cows removed	5		

Miscellaneous

Cards posted for communicable disease	57	Dressings	35
Cards removed	63	Cases assigned to health physicians	50
Notices served on schools	0	Calls made	107
Notices served on stores and factories	10	Employment certificates issued to children	96
Postal card returns sent to doctors	57	Garbage collected from 1st district	434 bbls.
Postal card returns received from doctors	63	Garbage collected from 2nd district	353 bbls.
Inspections and reinspections	61	Garbage collected from 3rd district	437 bbls.
Vaccinations	23		

Medical News

The Albany Guild for Public Health Nursing.—The Albany Guild, as its name implies, is for public health nursing, although principally for so-called "district nursing." It stands ready during this time of strain and stress upon all resources due to war, to meet any and all needs pertaining to health, in so far as it is able. This summer, through the aid of the Association, the government has been provided with a student nurse reserve corps from Albany county of over two hundred young women.

The Canteen Station at the Union Station has made many demands upon the nursing service for emergencies arising when wounded soldiers have passed through Albany and physicians in need of temporary nursing service have been supplied.

The regular nursing needs of the public have been met. Physicians have been provided in emergency cases where the family physician has been called in service in the army. Advice has been given and ways found for many who are in doubt as to how to meet their needs.

The Albany Guild for Public Health Nursing.—Schedule for Fall: Superintendent, Miss Florence R. Freeman; assistant superintendent, Miss Florence R. Noll; supervising nurse, Miss Eleanor Archer; night and confinement nurse, Mrs. L. L. Balfoort; district nurses, eight; floater, L. Skinkle; secretary, M. A. Fahlbush; night clerk, I. B. Biggam.

Affiliation with hospital to start September 10 with three nurses—two from Albany Hospital, one from Homeopathic. The Guild has also affiliated with the Child Welfare Station in the South End and every nurse has two days' experience there.

Tentative schedule for affiliating nurses:

Time—six weeks. One-third of that time in dispensary field. Two days at Welfare Station. Two-thirds of the time on the field. Instruction at bedside followed by bedside work under supervision.

Lectures. Dr. McCord on school nursing; Mrs. Myers of Commissioner of Charities Office; Miss Breed of Associated Charities Office; Miss Child of Child Welfare Board; Miss Thomas of Home Service League; Dr. Sautter. These lectures are not over a half hour each.

Trips. North End Welfare Station; Board of Health; Commissioner of Charities; Associated Charities; Child Welfare; Home Service; Federation of Labor; A. T. B. Hospital Camp; orphan asylums; day nurseries; open air schools.

Preliminary instruction on district nursing—simple hygiene, social service work by F. R. Freeman.

Dispensary nursing and follow up work, T. B. social service by F. R. Noll.

Necessity of uniform methods—care, the most necessary in the shortest time—improvising and methods by E. R. Archer.

Demonstration of district nursing given before starting out.

THE ALBANY GUILD FOR PUBLIC HEALTH NURSING.—STATISTICS FOR AUGUST, 1918.—Number of new cases during month, 136. Classified as follows: Dispensary patients receiving home care, 4; district cases reported by health physicians, 0; charity cases reported by other physicians, 27; 5 prenatal; moderate income patients, 49; 2 prenatal; metropolitan patients, 52; 11 prenatal; social service, 4; old cases still under treatment, 78; total number of cases under nursing care during month, 214. Classification of diseases for the new cases: Social, 4; medical, 37; surgical, 9; gynecological, 4; obstetrical under professional care, mothers 19, infants 34; prenatal, 17; eye and ear, 4; skin, 1; throat and nose, 1; dental, 0; infectious diseases in the medical list, 6; surgical list, 0; social service discharged, 2. Disposition: Removed to hospitals, 9; deaths, 2; discharged cured, 60; improved, 49; unimproved, 4; number of patients still remaining under care, 88.

Special Obstetric Department.—Number of obstetricians in charge of cases, 2; students in attendance, 0; nurses in attendance, 5; patients carried over from last month, 1; new patients during month, 7; patients discharged, 5; visits by head obstetrician, 0; by attending obstetrician, 26; by students, 0; by nurses, 42; total number of visits for this department, 68.

Visits of Nurses (all departments).—Number of visits with nursing treatment, 888; for professional supervision of convalescents, 898; 448 unrecorded; total number of visits, 1,786; hours at dispensary, 243; hours on confinements, 79½; cases reported to the Guild by 0 health physicians and 22 other physicians, graduate nurses 12 on duty. Dispensary Report—Number of clinics held, 52; new patients, 85; old patients, 409; total number of patients treated during month, 594. Classification of clinics held: Surgical, 1; nose and throat, 2; eye and ear, 17; skin and genito-urinary, 2; medical, 5; prenatal, 2; lung, 5; dental, 0; nervous, 3; stomach, 0; children, 8; gynecological, 8.

Signed, FLORENCE FREEMAN, per F. R. N., Superintendent.

NEW YORK AND NEW ENGLAND ASSOCIATION OF RAILWAY SURGEONS.—The twenty-eighth annual session of the New York and New England Association of Railway Surgeons will be held at the Hotel McAlpin, New York City, on October 21, 1918. A symposium will be presented on the "Modern Treatment of Infected Wounds." Dr. J. S. Hill, President, Bellows Falls, Vermont; Geo. Chaffee, Corresponding Secretary, Little Meadows, Pa.

NECESSITY KNOWS NO LAW.—The rapidly increasing fighting forces of the United States Army, so familiar to every doctor who reads the lay papers, must impress him with the fact that the Medical Reserve Corps must keep apace in the way of expansion.

With every thousand men in the fighting forces, there must be ten medical officers, so it is a matter of simple calculation to figure the require-

ments of the surgeon general's office in the number of medical officers that must be at the command of the surgeon general when required.

With three million men in the United States Army by the end of August, this means 30,000 doctors, and there are now less than 20,000 on the active list of the Medical Reserve Corps. In addition to the number required for immediate assignment with troops, a large Reserve Corps should be at the command of the surgeon general so that when the necessary number is required, they will be at his disposal.

The doctor is the most favored of all professional men in the matter of his assignment. The lawyer, as an example, when drafted or when he voluntarily offers his service and assigned to duty, draws $30 a month pay. The lowest pay accorded a medical officer is $2,000 a year with additional pay for commutation of quarters for dependents.

It is the belief of the surgeon general that a sufficient number of physicians will voluntarily come forward and offer their services as medical officers and we therefore must do our duty not only to our country, but to those who are so admirably conducting this war in which we are now engaged.

A large and well trained medical corps is absolutely essential as 80% of the casualties are returned to the line through its ministration and it must not be a matter of history that a sufficient number of medical officers have not volunteered their services to properly care for the mobile forces, attend the wounded and sick in hospitals and to supply the surgeon general, whatever the demands might be.

Five thousand physicians a month for an indefinite period is the requirement and those doctors who are of the opinion that other physicians in their immediate neighborhood are better qualified or have less responsibility than themselves, should, in view of the crisis now facing us, subjugate their individual opinion and apply to their nearest examining board for a commission in the Medical Reserve Corps.

A Medical Reserve Corps should be what its name implies, a corps of reserve physicians upon which the surgeon general may call and this country to-day should have a reserve corps of not less than 50,000 doctors and every physician should feel it his duty to be part of this organization.

Why Should the Surgeon General Appeal for Medical Officers?—Of the 146,000 doctors in the United States, it is a safe calculation that at least 70,000 of this number are within the age limit, from 21 to 55 years, and are physically and morally qualified to serve as Medical Reserve Corps officers.

Why, in view of this fact, the surgeon general's office should be hard put to secure a sufficient number of medical officers to supply immediate demands and to furnish a reserve force of between forty and fifty thousand doctors is not quite comprehensible.

Every qualified physician, knowing how essential his services are to his country at this particular time, should consider it not only his duty, but a privilege to take part in this glorious struggle for humanity and democracy.

This is the time when individual opinion must be sacrificed for the benefit of the whole and the time is near when every doctor must be in one or two classes: either a member of the Medical Reserve Corps, United States Army, or in the Volunteer Medical Service.

If you are between the age of 21 and 55 years, and there is a doubt in your own mind as to whether you are qualified or not, let the surgeon general determine this matter by applying at once to your nearest medical examining board for a commission in the Medical Reserve Corps.

Student Army Training Corps.—Appointment of eleven divisional directors to co-operate in the formation and educational supervision of the Student Army Training Corps was announced by the War Department's committee on education and special training.

The divisional directors named include: New England—Professor Charles H. Haskins, Harvard University.

New York and New Jersey—Chancellor Charles A. Richmond, Union University, Schenectady.

Pennsylvania, Maryland, Delaware—President John H. MacCracken, Lafayette College.

Units of the corps will be established at virtually all colleges having a minimum enrollment of 100 able-bodied men students for military instruction and the entire work will be under the direction of President MacLaurin, of the Massachusetts Institute of Technology, who has been appointed educational director.

Medical Service of the Army and Navy.—Dr. Leon C. Coté (A. M. C. '17), with the rank of first lieutenant in the Medical Corps, has announced his safe arrival overseas, as a member of Field Hospital 337, 310th Sanitary Train, American Expeditionary Forces.

—Dr. William E. Gazeley (A. M. C. '17), of Albany, N. Y., received his commission as first lieutenant and was assigned to duty in the Cardiovascular Department of the Medical Research Laboratory at Mineola, Long Island. He is awaiting orders to report to Richfield, Waco, Texas, where he will be assigned to duty in a unit in a newly created field in the aviation section.

—Dr. A. M. Rabiner (A. M. C. '16), with the rank of first lieutenant in the Medical Corps, who has been detailed for duty as neurologist with Base Hospital No. 82, U. S. A., has arrived safely overseas

Personal.—Married.—Lieut. John Joseph Randall (A. M. C. '17), to Miss Agnes M. Greulich, Albany Hospital Training School, Class of 1917, at New Haven, Conn., on July 20, 1918.

Died.—Dr. William H. Mason (A. M. C. '11), formerly of Gloversville, N. Y., died recently at his home in Stockton, California, at the age of thirty-three. He was a member of the staff of the Stockton State Hospital. After graduation from the Albany Medical College, he became affiliated with Drs. Stanton and McMullen of Schenectady, as X-ray specialist. On August 19, 1913, he was married to Mary Brown of Utica, N. Y. Besides his wife, he is survived by one son, his father and three brothers.

NEW YORK STATE MEDICAL LIBRARY.

Abstract of Annual Report July, 1917-June, 1918

In spite of the demands of military service upon the medical profession and the withdrawal of large numbers of physicians from the State, the statistics of the medical library show an increase in use of the reading room, number of borrowers and circulation. The special appropriation which made it possible to open every evening has been fully justified by the 150% increase in the number of physicians using the reading rooms—a most satisfactory increase when it is considered that 25% of the doctors of Albany and vicinity are in service elsewhere. The number of readers exceeds those of last year by 529, totaling 7,682.

Considerable work was done for the staff of Base Hospital 33 up to the date of its departure in April, and many books have been loaned to camp hospitals in this State and others where New York State physicians are on duty. Special effort has been made to co-operate with the newly developed endeavors of the Division of Medical Inspection of Schools, the training schools for health officers under the State Department of Health, and the county tuberculosis and public health nursing work. Doctors and nurses connected with all these activities have been among the heaviest borrowers of the year and for their convenience many titles have been duplicated and works on medical inspection of schools have been transferred from the education to the medical collection.

All the important new works on military medicine, surgery and hygiene and the reconstruction of disabled soldiers have been put on the shelves, including several periodicals whose titles will be found in the appended list of new current subscriptions. A separate collection has been made of these books, most of which have been in constant circulation.

One of the most useful bits of work the library has been doing since the war began, is the compiling from day to day of a bibliography of current war literature. This list of references has answered more questions during the year than any other source of information.

Three members of the Advisory Committee have accepted commissions. Dr. Elting and Dr. Gorham are abroad with Base Hospital 33, while Dr. Bendell is in service in this country. The two remaining members, Dr. Vander Veer and Dr. Hun, are keenly alive to the interests

of the library and have offered many helpful suggestions. It was possible to hold but one meeting of the Committee during the year.

The Current Magazine Club of the Medical College faculty has met fortnightly at the library throughout the winter and spring. The college has also used the library as a laboratory for certain lines of research by students on regular assignments. In return for assistance given the students by the librarian, the Dean and faculty have given the library valuable help in reviewing new books and making suggestions for purchase.

Nine hundred and forty-four volumes have been added to the library, making a total of 22,754 volumes of which 14,978 are periodicals and transactions and 7,776 separate works. Nearly 6,000 pamphlets and reprints have been classified and listed in the author catalog, while at least as many more are still unsorted.

Some progress has been made in the permanent cataloging of books classed in anatomy, physiology and biography.

No list of donors is kept except in the order section, and it is therefore impossible to acknowledge here the many gifts received during the year which have put several important works on our shelves and helped materially in completing sets.

New Current Subscriptions

American journal of syphilis.
American journal of ophthalmology.
Bulletin of the Chicago tuberculosis institute.
Bulletin of the Massachusetts commission on mental diseases.
Bulletin of the University of Maryland school of medicine.
Carry on; a magazine on the reconstruction of disabled soldiers and sailors.
Indian medical news; pub. by the Association of the U. S. Indian medical service.
Journal of cancer research.
Journal of state medicine.
Journal of the Royal naval medical service.
Medical clinics of North America.
Medicine and surgery.
Minnesota medicine.
Neurological bulletin.
Recalled to life; a journal devoted to the care, re-education and return to civil life of disabled sailors and soldiers.
Reconstruction, bulletin pub. by the Invalided soldiers commission, Canada.
Red Cross institute for crippled and disabled men. Publications.
Review of applied entomology; series B: Medical and veterinary.
Review of war surgery and medicine; prepared in the office of the Surgeon General.

Veterinary review.

War medicine, surgery and hygiene; pub. by the American Red Cross society in France. (No. 1-7 called; Medical bulletin.)

Recent Accessions

Berkeley, Comyns. Handbook of midwifery for midwives, maternity nurses and obstetric dressers. 4th ed. 1917.

Carnegie United Kingdom trust. Report on public baths and washhouses in the United Kingdom. 1918.

Carter, H. S., Howe, P. L., and Mason, H. H. Nutrition and clinical dietetics. 1917.

Chalier, André and Joseph. La gangrène gazeuse. 1917.

Chapin, C. V. How to avoid infection. 1917.

——. Sources and modes of infection. 2d ed. 1912.

Cobbett, Louis. Cause of tuberculosis. 1917.

Foote, John. State board questions and answers.

Herpin, A. Les fractures de guerre du maxillaire inférieur. 1917.

Kelly, H. W., and Bradshaw, M. C. Handbook for school nurses. 1918.

Larousse médical illustré de guerre par Galtier-Boissière. 1917.

Long, J. W. Early History of the North Carolina medical society. 1917.

Lucas, K. Conduction of the nervous impulse; rev. by E. D. Adrian. 1917. (Monographs on physiology.)

McCombe, John, and Menzies, A. F. Medical service at the front. 1918.

McIsaac, Isabel. Hygiene for nurses. 1918.

McKenzie, R. T. Reclaiming the maimed. 1918.

Mennell, J. B. Massage; its principles and practice. 1917.

Riviere, Clive. Pneumothorax treatment of pulmonary tuberculosis. 1917.

Seguin, E. Medical thermometry and human temperature. 1876.

Straus, Nathan. Disease in milk; the remedy, pasteurization; the life and work of Nathan Straus. 2d ed. 1917.

Udall, D. H. Veterinarian's handbook. 1916.

Unionist social reform committee, London. Health of the people, a report. 1917.

Vedder, E. B. Syphilis and public health. 1918.

Webb-Johnson, C. Soldiers' manual of foot care and foot wear. 1916.

VOL. XXXIX OCTOBER, 1918 No. 10

ALBANY MEDICAL ANNALS

Original Communications

REPORT OF THE TRAINING SCHOOL.

Presented at the Graduating Exercises of the Albany Hospital Training School for Nurses, June 19, 1918.

BY SALLY JOHNSON,

Superintendent of Training School for Nurses, Albany Hospital

To-day every citizen, who is worthy of being a citizen of the United States of America, and who is not on active duty, is doing his or her utmost to bring each succeeding patriotic enterprise to a victorious close. The magnitude of some of these undertakings has been beyond our comprehension—but most people have now arrived at the place where they believe that nothing in the line of worthy campaign is impossible of accomplishment.

There is, however, a certain stage in the progress of each current campaign when the leaders are sure it is going to fail—everyone is discouraged—then each and all make a superhuman effort and "over the top" it goes.

All congratulate one another, heave a sigh of relief—have twelve hours of rest—or perhaps not that much. But just as surely as the sun rises the next morning it brings with it a newborn campaign. Again the machinery is started—by now the cogs fit—and the joints are well oiled—and soon the glorious ending of another campaign is a matter of history.

To all this there is a third which gives momentum—and there is an excitement which dulls fatigue—and there is a bit of the heroic which all feel though it may not be.

But there apparently is little of thrill, of excitement or of heroism to the civilian work of most of it—though there is frequently a deep, deep interest. During these agitated times,

therefore, it is well for us to take account of ourselves and determine just how we are performing the civilian task assigned to us, for the strength of the nation is derived from the strength of its several institutions.

Is the machinery entrusted to you and to me as individuals being made stronger and more efficient day by day—or are we neglecting it—using the war calls upon our time as an excuse rather than a reason for non-development or even perhaps of retrogression?

It is well, then, that days such as this day come when we are called upon to render an account of ourselves, and we of the school ask the indulgence of our guests for a few minutes while a partial report of the year's work is given. For this hour of graduation day is the one time in the year when the members of previous classes gather in large numbers. This time affords their one opportunity of learning what is happening in their school.

One of the first questions asked of every individual and of every organization is "What have you done to help in this world struggle?"

Probably the largest single contribution to war relief has been the organization of the nursing personnel of Base Hospital 33. The work in the training school office was about equally divided between the superintendent of nurses and the assistant—the latter the chief nurse of the Unit. Only the nurse who has done this particular piece of work knows the labor connected with it. The detail otherwise is beyond comprehension. There were just as many trying things for the members of the personnel. The Unit started in the days when the Red Cross was learning how to organize Base Hospitals so that orders and directions given were frequently countermanded. This meant inconvenience and, oftentimes, expense. After several near mobilizations, the real mobilization came, and on February 22, a most fitting day, the nurses left for Ellis Island, and on April 26 they, with the rest of the Unit, sailed. About two weeks later official notification came of their safe arrival and of their having taken over a large hospital at Portsmouth, England. And now the gruelling days of

preparation are forgotten and we only feel a just pride in their great contribution.

In New York State, only hospitals forming base hospitals are allowed to train hospital aides. Last summer, five young women received here the seventy-two hours of hospital experience as outlined by the Red Cross. Two of these young women have entered training schools for the regular nurse training. Persons in this vicinity know of the Vassar Training Camp where college graduates are given a three months' intensive course preparatory to entering training school. Five of these young women are scheduled to enter here next September.

So much for the war contribution of the school as an organization. As individuals, it is hard for the training school office to know accurately just how many of the graduates are in active service. We know of forty-eight. This is not as large as it should be nor as large as it will be.. There are about two hundred and seventy graduates doing nursing work today. Every nursing survey has found that ten per cent. had to be deducted as not eligible for military service. This leaves two hundred eligibles for service, among whom are many who are the main support of a member or members of their family, this condition frequently augmented by the fact that a brother or brothers are in the service. It is not presumptuous to assume that there are two nurses in the service unknown to the training school office. Granting this, the number would be fifty which means one to four.

Every superintendent of nurses is anxious to have a large per cent. of the graduates of her school in the service—in these days it is her greatest pride. But there is another feeling just as strong, and that is that individual nurses are frequently unjustly criticized for not enlisting. There are often very good reasons why and the last thing human beings learn is to withhold judgment till all information is at hand.

It must be remembered that the stimulus of volunteering before being caught by the draft is not present with women as with men. The drafting of nurses is not impossible but is sufficiently remote to have no effect upon the volunteering of nurses.

The fact must never be lost sight of that the service of an army

nurse is absolutely volunteer. It would be a proud community who could state that twenty-five per cent. of its men eligible for military service had volunteered.

One of the important requirements for membership in the Red Cross Nursing Service is that the nurses shall be registered. This is the next step after graduation. It is much to the credit of the class whose graduation exercises are being held today that, with one exception, every member eligible to take State Board examinations last January did so—and that every member eligible to take them the last of this month is enrolled to do so—and there have been no failures reported.

A rather large piece of work done this last year has been the publishing of a new prospectus of the school—with a complete list, it is hoped, of the graduates of the school. Any graduate wishing a copy has only to make her wish known and she will be given it today.

The school has made an affiliation with "The Albany Guild of Public Nursing." This organization is the outgrowth of the Albany Guild for the Care of the Sick which has broadened its scope. When the Guild obtains a field supervisor two of our pupils will be there for a six weeks' introduction into one of the youngest but most rapidly growing of all nursing fields.

The admission requirement of the school has been changed from one year of high school work to two years and almost no exceptions have been made. As the majority of schools require but one year, it is obvious that this school must offer additional advantages for training in order to attract pupils.

The academic course has some additions and some changes. With only slight rearrangements, the schedule was started upon a count basis, making the unit sixteen hours which is the plan in many schools and colleges. This is the grouping used at Columbia where it is hoped some of our students will some day continue their work in Columbia's department of nursing and health.

To give a concrete example—Anatomy and Physiology, a course of thirty-two hours, yields two counts—special lectures such as Eye and Ear, Nose and Throat or Dermatology, each have four hours and this group of four subjects yields one count.

This makes it possible for the student matriculating for advanced work to present a definite measure for work done.

The course has been strengthened by the addition of more classes in ethics, hygiene and diet serving in the preliminary course, and by adding in the senior year eight hours of special lectures on post graduate work. Much of this last course was given by graduates of the school who came back to tell of their particular field of nursing.

Forty hours have been added to the course and the taking in of an extra class and the repeating of the subjects because of the large size of the junior class has meant that there has been two hundred and fifty-eight more classes this year than last.

Although the hospital has given many men to the service it is surprising how little the class work of the past year has been affected by it. As soon as a rumor reached the training school office that a man on the teaching staff was going to enlist, he was approached and to get his lectures given at once was the chief concern of the principal of the school. Only two courses had to be given up by the men—one Dr. James Vander Veer's course in bandaging, and the other Dr. Donhauser's course in emergencies. Besides these two men from next year's staff we have lost Dr. Hawn, Dr. Doescher, Dr. Clarence Graham, Dr. Whittington Gorham, and no one knows how many more. It looks dark but we're told to turn the dark cloud inside out.

The past year, different men have lectured to the school; not one lecture has been omitted and excepting one course there have been during the entire school year but five postponements of the hour. It is doubtful if another training school in the country has had such faithful service from a volunteer staff of lecturers. This is without exception the greatest single service the training school receives. It is a contribution for which the superintendent of this school wishes to here express her greatest appreciation. One of the several reasons why the training school of a hospital connected with a medical school is a particularly fortunate training school is that the majority of its lecturers are on the medical school faculty and have the teaching instinct.

There has been one new position that has been created on the staff of the school, that is the position of night supervisor in F,

the mental pavilion. This position has been created as a result of a feeling that it is hardly right to put the responsibility of the care of these patients entirely upon pupil nurses who are coming into our schools much younger than a few years ago. The night supervisor has proved a great relief to the persons responsible for the medical and nursing care of these patients.

Of the several groups which go to make the hospital family the graduate and pupil nurses are most vitally affected by what might be called the physical aspects of the hospital. Of all these groups, the nurses spend the greatest number of hours in the wards, and the nurses' building is practically the only home the pupils know for three years. Therefore, it is they who are the most hampered if the equipment is poor or lacking and it follows that they are the most to be benefited by improvements.

Along this line the best thing the year is bringing is the finishing of the top floor of Pavilion G, the building for contagious diseases. Here in progress of construction are extra wards and what were sorely needed, a nurses' dining room and nurses' bedrooms. This last was the most vital need chronicled in last year's report.

Next in importance is the fact that the remodelling of the service rooms in Pavilion F, will soon be begun.

At first thought, it would seem as though the two new motor ambulances acquired by the hospital during the past year would have had little bearing on the school but both have been used as a mode of conveyance of pupils from the camps to class. They have done much to simplify the difficult situation of having seventy-five patients to be cared for at a point four miles from the main hospital.

The nurses' home is always a source of comfort but when a social function is under consideration it is a real joy. The combination of the large lecture hall and the dining hall makes an ideal place for any kind of social activity. During the last year, there have been several dances. Here in the early winter the alumnae gave a most delightful tea to the superintendent of nurses. The daylight saving has made a greater use of the grounds possible. This year there have been an unusually large number of tickets to various entertainments given to the school.

Two very substantial gifts to the home have been that of rugs for each of two reception rooms.

Never in the history of the world have individuals and organizations been so called upon to give and never in the history of the world have individuals and organizations responded so nobly. Individually, it has been money, time, lives, as organizations it has been money, time and their efficient workers—persons who have seemed vital to the organization and who could hardly be spared. The sparing of them in such numbers makes one feel that the fabric of the whole world is badly rent if not torn asunder.

Of this kind of giving, the Albany Hospital School for Nurses has done a creditable share. The graduate staff numbers eighteen. During the nine months ending July 1st, seventeen of the graduate staff will have left. Of these eight will have gone directly into army service, two have gone to fill vacancies made vacant by nurses who have gone into the Red Cross Service. Six for various reasons have gone home and one has resigned to be married.

Directly into the Red Cross Nursing Service have gone Miss Washburn, as chief nurse of our Base Hospital Unit, Misses Klute, Earl, Martin, Garrah, Graffin and Ottman. One other is scheduled to go July 1st. To fill other positions: Miss Donald has left us to be superintendent of the Geneva Hospital, a position left vacant by Miss Hearle, former superintendent of this school who is now chief nurse at the cantonment hospital in Louisiana. Mrs. Cameron has gone to the position of superintendent of nurses at the Quincy Hospital, that superintendent having gone with the Boston City Hospital Unit.

Each of these women has given volunteer service to the school. It would be impossible to express it all and this report only makes brief mention of parts of it.

Miss Donald has been connected with this school as supervisor or as assistant for eight years and no hospital or school ever received more constant, faithful and loyal service than was here received from Miss Donald. It is hoped that the Geneva Hospital realizes its good fortune.

Save for a few months of day duty, Miss Washburn had been

night supervisor of this hospital for six years. Scores of doctors, an army of nurses and hundreds of patients will testify to the power of Miss Washburn's quiet efficiency and to the charm of her personality. We are proud to have had her to give.

Whatever positions these two young women may hold and wherever those positions may be, in the minds of hundreds of people who have been connected with this Hospital, Miss Donald will ever be the assistant superintendent of this training school and Miss Washburn its night supervisor.

Although change was routine rather than the exception, Miss Klute's going into the Red Cross Nursing Service came as a surprise. For eleven years she has been supervisor of the mental division, one of the most difficult of the various nursing services. By personal qualifications, by training and from long experience, Miss Klute was particularly well fitted to do this kind of work. Her work with the Red Cross has probably brought a pleasant relief from heavier responsibility.

Beside the training school staff, every surgeon and every pupil regrets Miss Smith's resignation from the position of operating room supervisor. This is one of the hardest divisions in the hospital, and no person could have filled it more efficiently than Miss Smith. Her executive ability and her poise of manner were a great contribution to the smooth running of that department of the hospital which always works under the highest tension.

Probably the most difficult training school position to fill satisfactorily is that of instructor. The school has been most fortunate in having Miss Mernen. As she is still connected with the school and is in this audience it would be most embarrassing for her to hear even an attempt to express what the pupils owe her, but that debt is written in the minds and on the hearts of every class. That Miss Mernen as the instructor is to permanently leave on July 1st, is one of the greatest misfortunes that could befall the school. It is not easy to find a good nurse who is also a good teacher and one of the most difficult problems the training school administration has had to undertake is the filling of this vacancy.

It is a pleasure to report that after a month's vacation Miss

Mernen has consented to return as acting superintendent of the school while the superintendent is absent for four months, to aid in the creation of the new army training schools.

The young women graduating today are finishing at a time unique in the history of nursing. This very month has occurred the nation-wide drive for the enrolling of nurses. In the appeal of Surgeon General Braisted there appears the following "Next to the enlistment of soldiers and sailors, there is not a greater patriotic duty than an adequate enrollment of nurses. This is the only group of women recognized as part of the military establishment. Upon them devolves to a great degree the health, morale and lives of the men fighting for America. A privilege unsurpassed in the history of the world awaits nurses of this country.—No more urgent need exists today and no factor can be more important in the winning of this war than adequate care of our sick and wounded."

It is the duty of the Albany Hospital School for Nurses to produce a large number of graduate nurses of training and experience who are physically and professionally capable of rendering valuable service to this country in time of its dire distress. We no longer hear of "doing our bit," that time has long passed. It is now "doing our best." And so this school with every other school in the country must push the plane of its nursing education and training higher and higher. Particularly in times like these should the officers of this hospital, the staff, the graduates and the pupils of this school should never forget that, in giving this Albany Hospital School for Nurses efficient, earnest and loyal support, they are in the truest sense "carrying on."

Correspondence

THE ALBANY MEDICAL COLLEGE—HOSPITAL UNIT
U. S. ARMY BASE HOSPITAL, No. 33,
PORTSMOUTH, ENGLAND, *August* 16, 1918.

Dr. Thomas Ordway,
Dean, Albany Medical College,
Albany, N. Y.

My Dear Dr. Ordway:

As you will doubtless have heard long before this reaches you, there has been a change in the administrative personnel of the base unit, and I am writing to you to report progress as I know you will be interested in hearing how things are going.

The patients began coming in a little over two weeks ago, and our present available space is rapidly being filled. We are receiving both medical and surgical cases, but the surgical are in the majority and most of them so recent as to present a sufficiency of complex and acute conditions to keep our staff extremely busy. I think all are well satisfied with the class of work that is being sent us to do and can see no reason why, under these very ideal conditions, we should not obtain first-class results.

The new construction looking towards our larger expansion is well under way and gives every promise of being adequate and comfortable. We are facing a period of probable physical unrest due to the constant changes incident to this expansion, but there is every evidence that such incidental problems will be successfully dealt with as the spirit and loyalty of all concerned is very high.

We have had no serious illness among our officers, nurses or enlisted personnel with one exception—that of Private Case, who was transferred to a hospital shortly after we landed and who since then, to our great regret, has died. Our supplies, considering certain inherent difficulties in the situation, have come through remarkably well, and with few exceptions every department is well equipped to handle its work. We have been honored by a visit from the Chief Surgeon of this Base Section since we started in to operate as a going concern, and he expressed him-

self as well pleased with our location and environment and was most encouraging about our future prospects.

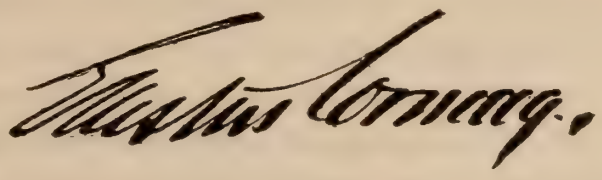
There are certain interesting developments pending, the exact nature of which I am not at liberty to discuss, but which will add quite largely to an outlook which I am glad to report holds nothing but encouragement and cheer.

The people of Portsmouth are extending to us and to our patients every conceivable courtesy, and the Red Cross is not only living up to its best traditions, but is establishing almost daily new standards of helpfulness in so many different directions that I am really at a loss to express my gratitude towards them. I firmly believe that if the work they are doing could be known in every detail to those at home, their suport, moral and financial, would literally know no limits. I think we should all be gratified if our sense of appreciation of the continued service which the Red Cross is giving us could be known to the local chapter in Albany.

It has been a long period of waiting that the unit has lived through, but we are fully under way at last, and I think everyone at home may feel that their generous and patient efforts are now resulting in the actual accomplishment of that service which all of us so greatly desired.

I feel that everyone in the unit joins me in every good wish for the continued success of the many war and peace-time activities in which we are mutually interested. We shall not fail through lack of united effort to justify the faith you have in us.

Very sincerely yours,



Captain, M. R. C., Commanding.

Editorial

> The size of certain gashes was a serious danger, the suppuration of large wounds always being liable to re-absorption, and consequently to kill the patient, under certain atmospheric influences; at every change of the weather, at the slightest storm, the physician was anxious, "Above all, let the wounded man have no excitement," he repeated. The dressings were complicated and difficult, the fastening of cloths and bandages with sparadrap not being invented at that period. Nicolette used for lint a sheet "as big as a ceiling," said she. It was not without difficulty that the chloruretted lotions and the nitrate of silver brought the gangrene to an end.
>
> *Les Miserables.* VICTOR HUGO.

✝ ✝ ✝

Base Hospital No. 33, U. S. A.

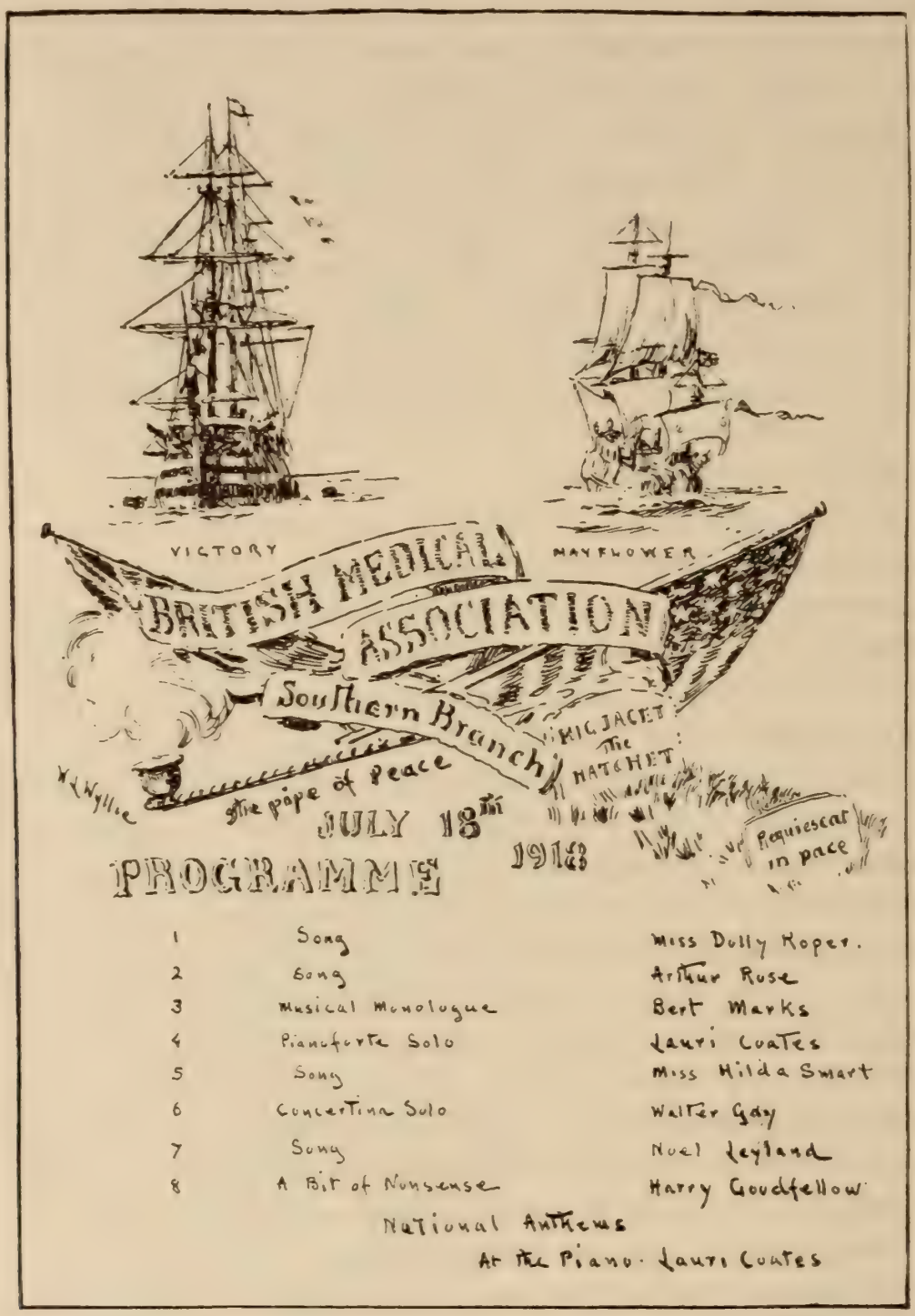
Those were brave spirits of parents, sisters, wives, and sweethearts on that bright morning in May when the adieux were waved to the Hospital Unit on its march to the train. There was no reflection of the anxiety which followed the young men so incomprehensibly eager for the duties and the perils of an uncertain adventure. A few days later the last farewells were rung in long-distance telephone messages from the embarkation camp and then came the period of uncertainty of the trans-atlantic voyage and the ultimate relief of the cable despatch of safe arrival in England.

There was some doubt as to final disposition of the Unit, which was finally set at rest by the courtesy and generosity of the British Government. A large and superbly constructed hospital for the insane near Portsmouth was set aside for the use of this first American hospital established on British soil. Their patients have been distributed among other hospitals of the sort, and the institution has been adapted to the needs of the active surgical and medical service now required. The buildings accommodate about fifteen hundred patients, but the grounds are extensive and provision for many more may be readily made. The environment is exquisite: extensive, well-kept grounds, with long avenues, formal beds of geraniums and

aisles of rambler roses, greenhouses filled with pink and lavender rhododendrons, and beautiful "old fashioned" gardens; fields for lawn tennis, base-ball and cricket—the whole a most ideal spot for the wounded and convalescent. In the enthusiasm of the moment Major Elting glories in the probability of rapid restoration in such a superb landscape and anticipates the difficulty of discharging patients from the hospital when once they have been indulged in its charms. The well-appointed wards are lighted by large windows, furnished with comfortable beds, chairs and writing tables, with here and there a piano.

On July twenty-sixth the hospital was formally accepted by appropriate exercises and by the raising of the stars and stripes by Sir William Osler. Dr. Osler's reception of his former pupils and colleagues has been cordial in the extreme, and his efforts at establishing friendships and amicable relations have been untiring. He exerted himself, successfully, to retrieve the equipment, which, in the congestion and confusion of transportation, had miscarried, and his energy in this is thought to have averted what might have proved a calamity. Nor were there wanting other evidences of fraternity and good-will. On July twelfth the officers were the guests of the Bristol authorities and the staff of the Fifth Southern Hospital. A profusion of American flags, flowers, music, speeches and toasts demonstrated the sincerity of the welcome. On July eighteenth Major Elting was the guest of honor of the annual meeting of the Southern Branch of the British Medical Association, held at the Lord Mayor's Banqueting Room in the Town Hall at Portsmouth. The customary address of the President was vacated in favor of Major Elting who spoke upon "First Impressions of England." Those who have heard Dr. Elting in extemporaneous description of matters in which his interest and enthusiasm are enlisted may be sure he was particularly happy upon an occasion of this importance, none the less justified by his interpretation of his topic, which comprehended the method of organization of a base hospital, appreciation of the courtesy and hospitality of his hosts, and sincere desire to cement forever Anglo-Saxon unity and cooperation and stimulate universal friendship among Anglo-Saxon physicians. Following the session the base hospital

officers were invited to attend a smoker and entertainment in the Lord Mayor's parlors, and for this occasion Mr. W. L.



Drawn by W. L. Wyllie, R. A.

SKETCH FOR THE DECORATION OF THE PROGRAM OF THE DINNER TO THE OFFICERS OF THE ALBANY MEDICAL COLLEGE AND HOSPITAL UNIT, AT PORTSMOUTH, ENGLAND, JULY, 18, 1918.

Wyllie, one of the most famous of England's artists and a Royal Academician, drew a symbolic sketch for the decoration of the program—a sketch well worth preservation in the archives of the unit. It is a speaking tribute of British art and British medicine to America.

On August second ninety-seven patients were received and the actual work anticipated since mobilization in Albany in November, began. These patients arrived in Portsmouth by hospital train, and were transferred two miles in ambulances. The "sit-up" cases drove up in the "big bus wagon." At the door the names and diagnoses were recorded from a card upon their persons, and on litters they were carried to the wards. The "sit-ups" waited upon the helpless, standing in line, each man with a chintz bag containing what was left of his possessions, some with bandaged arms, others with patches over the eye. About fifteen "casuals" drifted in. One was a deserter—a double one, in fact—having deserted from the army to the navy, and from the navy only to swallow a pin, by which usually innocent weapon, he was driven to hospital relief. The advent of this offender introduced an unexpected difficulty in hospital administration incident upon a possible repetition of his offense. To prevent this the responsibility of his detention has been placed upon a private, with the penalty, following another elopement of his slippery charge, of fifteen years in a United States prison. Such is the possible reward of a collegiate education in these troublous times of war.

Convalescents stroll cheerfully about the grounds in blue suits over payjahmas, with an ease which defies philosophical speculation. They look back upon the trenches as upon a sickness. "You get used to it," said one who had been over the top five times in six days, and apparently they do, as they adopt an attitude of entire self satisfaction.

The incident is told of an orderly who ate his companion's tart, and upon this arose a more or less animated discussion, with the comment that "it is upon such momentous events that our intellects and passions concentrate in time of war." But these are more like the amenities of piping times of peace, and the lessons to be learned from the victims from the front will

promptly arouse the better spirit of the hospital which is to demonstrate on foreign soil the capacity and capability of the best products of our College and Hospital. Great credit and glory will accrue to our time-honored institutions and the liberality of the subscribers will have its reward in the competency and efficiency of the organization so adequately manned and equipped.

Scientific Reviews

The Year's Progress in Dental Materia Medica.

A Part of the Report of the Committee on Materia Medica of the Third District Dental Society of Albany and Vicinity.

Modern dental materia medica occupies itself principally with the antiseptics and the anaesthetics. In the former group may be included not only those substances to which arbitrarily and strictly are assigned that term, but also the germicides, disinfectants, and those substances which render innocuous the products and results of microbic activity. In the latter group, that of the anaesthetics, may for our present convenience be classed any of those substances which tend to alleviate pain.

The reasons for the importance of these two therapeutic groups in dental practice is obvious. The commoner and more frequent dental diseases are infective in nature. Whatever be the anatomic or physiologic substrata which permit and encourage microbic invasion, it is this microbic factor in oral disease which is most easily amenable to remedial measures. The exquisite sensitivity of the fifth cranial nerve necessitates for the popularization of dental care some promise of relative painlessness.

Under the heading of the antiseptics, the tooth-pastes, powders, mouth-washes, etc., are first to be considered. The awakening of the laity to the import of dental conditions has been taken advantage of by the unscrupulous, whose advertisements are a disgrace to the public press. Proprietary medicines have as little place in dentistry as in general medicine. The idea seems to have become stronger during the past year that the supreme requirement of a dentifrice for general prophylatic use is a negative

one—namely, that it should do no harm, *e. g.,* inhibition or alteration of normal salivation. The most we can expect of a dentifrice offered for public and promiscuous sale, is that it be a mechanical cleanser. The above attitude seems to be a fair impression of the consensus of expert dental opinion, in so far as it is represented in published form during the last year. The few detailed formulæ of mouth-washes which did appear, were introduced rather for special conditions, under which they will be described.

Active interest in the treatment of pyorrhea aveolaris with the amœbicide, emetin hydrochlorid, appears to have waned. "Alcresta ipecac," has been omitted from the "new and non-official remedies" because in the advertisements of this preparation were statements to the effect that ipecac alkaloids have a demonstrated usefulness in pyorrhea. Martin Williams (*Cosmos,* 1917, 1271) in cases of chronic pyorrhea gives emetin internally in conjunction with the local use of salt water or pure salt. He believes that the emetin is of great benefit, at least temporarily. Carrea (*Cosmos,* 1918, 259) records a successful treatment of pyorrhea alveolaris with intra-muscular injections of emetin hydrochlorid. Keyes(*Cosmos,* 1917, 609) gives case histories of about thirty patients treated for pyorrhea by emetin, strictly according to the instructions of M. T. Barrett. His conclusion is as follows: "Whether emetin serves as an amœbicide or only as a stimulant to better cellular activity, normalizing metabolism, the results obtained indicate that in cases of pyorrhea of this class (where microscopically Endamœba gingivalis is demonstrable) we have yet to find a better medicament for furthering its cure than emetin."

Merritt (*Cosmos,* 1917, 466) has condemned the employment of vaccines in the treatment of pyorrhea. Dependence upon them is both theoretically irrational and clinically unsatisfactory for the amelioration of the local symptoms. But to correct the systemic complications, vaccines in selected cases are indicated. Toussey (*Cosmos,* 1917, 564) is rather dubiously favorable to the use of vaccines in dental infection. There has been practically nothing original published during the past year upon the local results of vaccine treatment of apical abscesses. Auto-

genous vaccines may be of some value for concomitant systemic conditions, as they are in pyorrhea.

Hall (*Cosmos,* 1917, 118) advises glycerite of starch to soften tartar, and as a lubricant for gum massage in pyorrhea. For further treatment he suggests the following: medicated pastes for injection into the pockets, consisting of sodium chloride, fifteen per cent., or bismuth carbonate, thirty per cent., or zinc oxide in a like proportion. In more advanced cases and where there is much pus, the addition of a few drops of guaiacol to either of the foregoing adds to their remedial value.

Quinine and its allies, since its introduction by James Truman, for the treatment of pyorrhea alveolaris, have always received more or less attention in dental practice. Wells (*Cosmos,* 1917, 1165) advocates a mouth-wash of sodium desoxycholate, two per cent., quinin, one-fourth of one per cent., and flavine, one part in one thousand. Flavine is one of the newer antiseptics which the war has developed and of which more notice will be taken later. Kolmer and Solis-Cohen (*Cosmos,* 1916, 1425) and Kolmer and Steinfield (*Journal of the American Medical Association,* January 5, 1918, p. 14) are encouraged over the marked destructive action of ethylhydrocuprein hydrochloride on pneumococci. On account of the close biological relationship of the pneumococci and the streptococci, and on account of the prevalence of both pneumococci and streptococci in oral lesions, it would be very desirable to give this drug a fair trial in dental practice, particularly in pyorrhetic pockets.

Some words in defence have been heard for cotton and creasote in the filling of root-canals, notably an editorial in the January, 1917, *Cosmos,* and three pertinent letters on page 362 of the 1917 *Cosmos.*

The use of thymol for root-canal filling has been strongly upheld by Buisman (*Cosmos,* 1917, 929).

Bismuth in various forms has found advocates for root-canal work (*Cosmos,* 1917, 118), as the subnitrate and as the carbonate. In this connection the articles of Freilich (*Cosmos,* 1917, 466) and of Blight (*British Dental Journal,* December 15, 1917, p. 940) on bismuth poisoning are of some interest.

The employment of silver salts for the sterilization of root-

canals has received some attention and considerable impetus during the past year, by Howe (*Cosmos,* 1917, 891) and Nitzchke (*Cosmos,* 1918, 52). One apparently insuperable objection to their general employment, as emphasized by the latter writer, is the subsequent discoloration of the tooth.

Grove (*Cosmos,* 1918, 263), in a very sensible article, advises the application of chloral hydrate and thymol, equal parts, to a putrescent pulp before initiating mechanical cleansing. His purpose is to sterilize and neutralize the pulp contents so as to minimize the danger subsequent to forcing any of the septic material through the apical foramina.

The employment of formalin or arsenic trioxid (Gothro, *Cosmos,* 1918, 176) in root-canal work is becoming rapidly a more and more questionable procedure. The health of the periapical tissues is a *sine qua non* of successful root-canal treatment, and it is exceedingly doubtful if the full vitality of this crucial region can be maintained during and after the use of such agents.

The beginning of the past year saw the electro-sterilization of root-canals welcomed as the method *par excellence.* The efficacy of this method, whatever be the individual adaptations and modifications or by whatever name called, *e. g.,* ionic medication, ionization, etc., depends upon the liberation of nascent chlorin. It is a noteworthy coincidence that the profession at large was about to take up this form of treatment, namely the electro-sterilization of root-canals, just at a time when from another field of medicine, dentistry received the idea which probably will stand as the single most important addition this year to the dental resources in the treatment of septic root-canals. The development of the chlorin antiseptics in war surgery has been paralleled by their application to dental lesions.

The method of electro-sterilization prepared the way for the more ready acceptance of the more easily applied chemicals. In this sense electro-sterilization is of interest. Polack (*Cosmos,* 1917, 117) advocates "ionization with zinc chlorid." Sturridge (*Cosmos,* 1917, 247 and 563), the most prominent English advocate of this method, describes the technic somewhat more carefully. Fette (*Cosmos,* 1917, 264) gives most of his attention to the electrical physics of the method. Clifford (*Cosmos,* 1917,

1125) describes a modification of the applicator for electro-sterilization. Prinz (*Cosmos,* 1917, 373) gives what is and what will remain the classical exposition of this method. The scientific basis of this treatment is most rationally interpreted, the technic and the necessary armamentarium are described with simplicity, clarity and detail. This indubitably is the one best article upon the subject.

This method has been to a large extent during the year superseded by the simpler one of applying the newer chlorin antiseptics both in the treatment of pyorrhea and that of root-canals. The first account published in English of some consideration being given to the feasibility of these chemicals in dental practice appears to be a letter by M. T. Barrett (*Cosmos,* 1917, 446) in which he, following the experiences of J. J. Riley, describes favorable results in pyorrhea following the treatment of that condition with the Dakin-Carrel hypochlorite solution. Goodrich (*Cosmos,* 1917, 757) in a consideration of mouth-washes believes that hypochlorite solutions are not suitable for general use on account of their instability. Hanson (*Cosmos,* 1917, 762) claims that for twenty years in clinical practice he constantly had employed hypochlorites for washing out the cavities in teeth, and always with good results in the treatment of infected root-canals. His technic is briefly described. de Vecchis (*Cosmos,* 1917, 762) is pleased with the use of calcium hypochlorite in root-canal work. Kauffer (*Cosmos,* 1917, 847) believes that Dakin's solution, for postoperative irrigations and dressings in oral surgery, for irrigating pyorrhea pockets, and for sterilizing root-canals, has no equal. Beck (*Cosmos,* 1917, 974) gives quite a detailed account of the results of the use of the Dakin-Carrel solution in mouth surgery. Marshall (*Cosmos,* 1918, 176) describes in detail a case where Dakin's solution was of striking value for abscesses of teeth.

The above references conclude the reports of the use of hypochlorites in dental conditions. Goodrich (*Cosmos,* 1917, 757) describes briefly some experiments of the effect of chloramin-T on oral microorganisms. In the *Cosmos,* (1917, 1046) is the announcement of Dakin's dichloramin-T, which already promises

conservative observers to be of great value in the treatment of dental infectious conditions, particularly root-canal work.

A group of formulae have appeared during the past year or so, directed against ulcerative stomatitis, or Vincent's infection of the gums and buccal mucosa. Attention has been focused on this condition because of its frequency among troops on active service, among whom it is known as "trench gum." This disease is by no means a rarity among the civilian population. Frequently though inexcusably, it is confused with the more ordinary forms of pyorrhea alveolaris. From these it can readily be microscopically distinguished by the preponderance of fusiform bacilli and the spirochaetes of Vincent. It is very amenable to treatment. Local application of finely pulverized copper sulphate is efficacious. Salvarsan or similar arsenical spirochaeticides applied locally secure excellent results. Favre and Doreyfouss (*Cosmos,* 1917, 353) and Favre (*Cosmos,* 1918, 86) advise a combined silver nitrate and methylene blue treatment. Ramond (*Cosmos,* 1917, 664) likewise uses silver nitrate. Campbell and Dyas (*Cosmos,* 1917, 838) outline their method, giving preference to salvarsan or neosalvarsan; in place of this, liquor potassii arsenitis and silver nitrate may be used. Taylor and McKinstry, and Johnson (*Cosmos,* 1917, 663) carefully describe a number of alternatives or substitutes for the organic arsenicals. Embrys-Roberts (*Cosmos,* 1917, 1272) and Bowman (*Cosmos,* 1918, 87) detail treatment quite similar to that of Taylor and McKinstry. In this connection it is to be noted for the period of the war salvarsan is to be made in the United States under the name of Arsphenamine.

The above paragraphs have dealt with the agents used to combat infection which have received some particular attention during the past year. From these we turn to those agents which are employed to diminish or abolish sensation in regions of peripheral distribution of the fifth and seventh cranial nerves.

Analgesia induced by nitrous oxide and oxygen, seems to have lost favor during the past year. The pendulum has swung in the direction of local or regional anaesthesia induced by the

infiltration or conductive methods. The war, by shutting off German importation, has stimulated the production of substitutes for novocain. Atoxicocain (*Cosmos,* 1916) was presented as identical with novocain. Veronal is to be made in the United States under the name of "Barbital," and novocain under the name of "Procain." "Collasal cocain" is described as an efficient local anaesthetic with practically a complete elimination of the toxic effects of cocain, (*Cosmos,* 1917, 935). The announcement of a new local anaesthetic, "Apothesin," is made in *Cosmos,* (1918, 92). It appears in no way inferior to novocain. Shields (*Cosmos,* 1918, 298) discusses at length this new preparation, especially from the clinical side, and arrives at a most favorable judgment of its properties.

Devitalization of infected pulps by pressure anaesthesia is looked at askance by an apparently increasing number of thoughtful practitioners (*Cosmos,* 1917, 247) and Bryant (*Cosmos,* 1917, 762) because of the danger of forcing septic material through the apical foramina and thereby initiating what easily might develope into an obstinate and dangerous periodontal infection. In place of pressure anaesthesia, they would employ conductive or infiltration anaesthesia. This same method is upheld as being the most straightforward and rational one where the dentist is dealing with hyper-sensitive dentin without pulpal exposure, (*Cosmos,* Drinz, 1918, 88).

It is easy to summarize the salient features, which characterize dental thought during the past year upon the subject of materia medica. The influence of the war is very manifest in three particulars:

(1) The application of the chlorin antiseptics in the treatment of pyorrhea alveolaris and particularly in the treatment of infected root-canals.

(2) The appearance of a large group of formulae for the treatment of Vincent's infections of oral mucosa; in which formulae salvarsan (and its relatives), silver nitrate, and ipecac predominate.

(3) The development of local anaesthetics, under the pressure of necessity from failure of foreign sources of supply. Possibly

the most significant of these developments is the American-made Apothesin.

The use of infiltration and conductive anaesthesia has considerably widened, and this fact has emphasized the urgency noted in (3) above.

The present attitude of the dental profession toward the representatives of its materia medica, cannot be intelligently comprehended without a recognition of the potency of the doctrine of oral foci of systemic infection. This principle has been the one ultimate criterion according to which the dental profession consciously and unconsciously selected, accepted or rejected, from an abundance of competitors, those methods and agents which have been enumerated in the above pages.

JOSEPH L. T. APPLETON, JR.

PHYSIOLOGICAL OXIDATION

Ever since the time of Lavoisier modern medical science has been engrossed with the problem of heat production in the animal body and the manner in which oxygen is made available to the tissues. During the last two decades especially, the study of enzyme action and the investigation of the physics and chemistry of colloidal substances, together with elaborate researches in metabolism, have brought us nearer to a satisfactory understanding of the Kinetics of the cell. As a consequence, we are beginning to have a sounder basis for therapy in diseases characterized by deficient oxidation, as, for example, diabetes mellitus.

Ordinarily, when we speak of oxidation we have in mind only one phase of a process, which, as a matter of fact, is complex, for reduction is also going on just as certainly in the cell, and perhaps simultaneously with oxidation. Though we have a number of theories relative to this subject, and differing in various respects, it is generally agreed that in oxidation the atmospheric oxygen is made 'active,' or changed, as we say, into the 'atomic form.' It is believed now that this means that the oxygen changes its valency, or its electric charge. The activity of the oxygen appears to depend upon the readiness with which it gives up its extra charges (negative electrons). This seems to happen, ac-

cording to present conceptions, when the oxygen is in the form of compounds known as 'peroxides,' either hydrogen peroxide or similarly constituted organic peroxides. From these peroxides the oxygen is liberated in the active form by special enzymes, the 'peroxidases,' of the tissues. The peroxides, according to a widely accepted theory, are formed by enzymes which have the power of taking up the oxygen from the blood, these latter enzymes being known as 'oxygenases.' This general theory has strong support from experimental work on the oxidation of fatty acids and glucose, as it has been shown that characteristic, specific reactions can be carried out artificially with hydrogen peroxide. Furthermore, the oxidizing enzymes, such as the peroxidases, are widely distributed in nature. Indeed, it is held that no living cell is devoid of them; it is a remarkable fact that peroxidases have been found in samples of corn over two hundred years old.

One of the most interesting of the enzymes concerned in oxidation is known as 'catalase,' which has the specific action of liberating oxygen from hydrogen peroxide. Catalase is probably universally distributed in cells, and when measured quantitatively is an index to the intensity of oxidation going on in the cell. So far as is known, catalase acts only on hydrogen peroxide, yet it is not established that this peroxide exists as such in animal tissues. Hence, it is not clear just what the function of catalase is. Its importance, however, is well recognized and has recently been emphasized by the experiments of W. E. Burge and W. C. Alvarez and their associates.

From his study of muscle tissue in 1916, Burge found that the effect of varying the work of muscle was to vary its catalase content. His method of estimating the quantity of the enzyme was simple and consisted of measuring the quantity of oxygen given off from hydrogen peroxide in ten minutes by one gram of the finely hashed muscle. He found that the catalase conte rises with increased work and falls with decreased work. It was also found that muscles of 'warm blooded' animals contain relatively more catalase than those of the 'cold blooded' animals; and that muscles of wild birds yield more than those of domestic ones (hens). The conclusion was drawn that there is a close relationship between the intensity of intramuscular oxidation

and the catalase content, as more catalase was consistently found in muscles in which oxidation is known to be more intense. This being so, it was to be expected that more catalase would be found in muscles from small animals than in those of larger forms, as it has been known since 1848 that heat production is in inverse ratio to the extent of the body surface. Using the heart as a muscle for comparison, Burge and Neill found the heart of small animals (e. g. rat) to contain, per gram, more catalase than the heart of large forms (e. g. dog).

Burge next compared the catalase content of the heart, leg muscles and adipose tissue, hoping to gain additional light on the fact that in starvation relatively less autolysis goes on in the heart than in the other tissues, such as those mentioned. It was presumed that, if oxidation continues normally in the heart in starvation, but is reduced in other tissues (skeletal muscle and adipose), there should be evidence of such a difference as shown by the catalase content in the tissues named. In experiments, with proper controls, Burge and Neill found that the heart had practically a normal amount of catalase in starvation, whereas, in skeletal muscle and fatty tissue it was greatly reduced. It would appear, then, that this observation lends support to the view that the heart is protected in starvation against autolysis by enzymes, these being destroyed by the oxidation processes in the heart muscle. In those tissues which, in a sense, are 'less vital,' autolytic enzymes are allowed to act more freely, inasmuch as oxidation is less active in these tissues. It is skeletal muscle and adipose tissue which suffer the greatest loss of weight in starvation, as has long been known. The belief that the products of autolysis in these tissues are carried to other organs, e. g. the heart, for oxidation finds support in this work on catalase.

Increased oxidation, it is known, can be brought about by feeding thyroid extract, and it is generally agreed that in exophthalmic goitre tissue destruction is increased, presumably by hypersecretion of the thyroid. The careful work of Dubois shows that in severe forms of this disease metabolism may be increased by seventy-five per cent. and over. By the method described, Burge estimated the catalase in the heart and blood of cats, one set being fed ten grams of desiccated thyroid daily for five days,

and the other set being kept as controls. It is interesting that in the cats fed the thyroid there was a considerable reduction in the catalase of the heart (this was not the case in starvation, it should be recalled); there appeared to be some reduction in the skeletal muscle and fat, but results here were not uniform; in the blood there was a great increase. Catalase itself is readily oxidized, so that variations in results may be due to this fact. On the whole, the experiment suggests to Burge that in feeding large doses of thyroid, and in exophthalmic goitre, decreased oxidation in the heart results, with the consequence that opportunity arises for increased autolysis of the organ. Burge points out that this may be the explanation, or one at least, for the disturbed cardiac action in hyperthyroidism, whether due to over activity of the gland or to feeding of large doses of thyroid preparations.

It was now desirable to see what would happen when oxidation was reduced, as in phosphorus poisoning, which causes profound effects upon the liver. Hence, this gland was selected for study, because it is known that in phosphorus poisoning autolysis goes on in this organ more rapidly than in any other, presumably because oxidation in it is reduced. One would expect, then, that less catalase would be found in such a liver, but that the reduction in other tissues would not be so marked. In experiments carried out by Burge it was demonstrated that in cats to which phosphorus was given for three days, the decrease in catalase was greatest in the liver, less in the heart, and least in the blood. There was a decided reduction in blood catalase, however, in cats fed phosphorus for six days.

In a similar manner it was shown that ether and chloroform diminish the catalase of the blood, and hence, presumably, oxidation in the tissues. (This ferment is destroyed directly in vivo and in vitro by ether and chloroform vapor). However, it was observed that by prolonging the excitement stage of anaesthesia catalase was increased in the blood. The same result was produced by stimulating the splanchnic nerve supply to the liver. Therefore, it was thought by Burge that the excitement attending anaesthesia stimulates catalase production by the liver, and increased tissue oxidation. In the depression stage, however, oxidation is reduced; during the recovery it increases. It may be

remarked here that Burge observed very pronounced increase in the liver catalase when the animals (cats in particular) were excited, or frightened, and this observation led him to study the effect upon the liver of stimulating the splanchnic nerve.

Other lines of experimentation may be mentioned, as they have recently been reported by Burge and bear out his general theory. If the pancreas is removed from animals, it soon becomes diabetic, as is well known. It was of interest, therefore, to find out if the catalase of the blood is reduced. Burge and Kennedy found that the liver catalase is reduced seventy-five per cent. in depancreatized animals. Hence, less catalase goes into the blood and so to the tissues, with the result that oxidation is reduced accordingly, since catalase appears to be so intimately linked with oxidation. The result in the above experiment suggests that in diabetes mellitus deficient oxidation may be due, in part at least, to deficient catalase production by the liver, this supply being controlled somehow by the pancreas. This view harmonizes with the fact that lesions of the islets of the pancreas are often associated with diabetes, and with evidence that a relation exists between the internal secretion of the pancreas and the oxidation of sugar.

Finally a word may be said about the relation of oxidation, acidosis and shock. Burge and Neill showed that if animals are so handled, under careful anaesthesia, as to be brought into a condition comparable to that in surgical shock the catalase content of the blood falls, the curve of the change following approximately the fall in general arterial pressure. As it is known that subnormal irrigation of the tissues by the blood stream means reduced activity in them, the liver in a condition of shock would in all probability be influenced in this manner, and among other effects there would be a reduction in the output of catalase. To test out the validity of this assumption, Burge reduced the blood flow to the liver by ligating the portal vein and the amount of catalase in the blood fell off thirty per cent. When the blood supply was cut off entirely by ligating both the portal vein and hepatic artery, the catalase of the blood fell fifty per cent. That the anaesthetic was not responsible for this result was shown by the fact that in some animals no anaesthetic was

necessary in the low blood pressure periods for as long as two hours at a time, yet the catalase of the blood fell.

In shock, then, oxidation is evidently diminished, as shown by the fall in catalase in the blood. According to Y. Henderson, the oxygen intake in surgical shock is lowered by as much as forty-five per cent., and is accompanied by acidosis. The experiment of Burge affords further evidence that acidosis is due to diminished oxidation. He also found in this connection, that administration of alcohol increases the blood catalase, due, he thinks, to its increasing the output by the liver. It is recalled that Benedict and Torok found that alcohol increases oxidation of glucose in diabetes, and Neubauer pointed out that red wine diminished the acidosis in this disease.

The general results of Burge's work are of interest because they are consistent and because they indicate the value of a method of estimating quantitatively the intensity of oxidation processes in the isolated tissue. The work shows that the main source of catalase in the body is the liver. While the precise rôle of this ferment in the organism is as yet unknown, it certainly plays an important part in the liberation of active oxygen in the cells.

NOTE.—Since the above was written, Burge and Neill (Am. Jour. Physiol., 1918, Vol. 47) have shown that the ingestion of food, particularly protein, increases the catalase output of the liver, and Alvarez and Starkweather (loc. cit.) have found that in the stomach and intestine the catalase content agrees well with the metabolic activity in the different regions. It is significant that the commonest site for cancer has the lowest catalase content. This region with its low rate of metabolism is the most disposed to malignant change, the authors think.

M. DRESBACH.

Public Health

Edited by Arthur Sautter, M. D.

Department of Public Safety, Bureau of Health, Albany, N. Y.

Bureau of Vital Statistics.

Compiled by William F. Fullgraff, Registrar.

Deaths for Month of August, 1918.

Consumption	15	Bright's Disease	7
Typhoid Fever	1	Apoplexy	6
Scarlet Fever	0	Cancer	8
Measles	0	Accidents and Violence	10
Whooping Cough	1	Deaths under 1 year	22
Grippe	0	Deaths over 70 years	25
Diarrheal Diseases	11	Death rate	14.12
Pneumonia	6	Death rate, less non-res.	10.54
Broncho Pneumonia	3		

Deaths in Institutions.

	Non-Res.	Res.		Non-Res.	Res.
Albany Hospital	14	5	Maternity Hospital	0	4
Albany Hospital Camp	1	3	Hospital for Incurables	2	0
Albany Co. Hospital	2	1	Home for the Aged	1	3
St. Peter's Hospital	4	11	Public Places	0	1
Homeopathic Hospital	6	9			
St. Margaret's House	4	2		34	39

Births	214
Still Births	4

Division of Communicable Diseases.

Typhoid Fever	4	Whooping-cough	57
Scarlet Fever	0	Tuberculosis	19
Diphtheria and Croup	8	Pneumonia	11
Chickenpox	2		
Smallpox	0	Total	108
Measles	7		

Number of days quarantine for scarlet fever:
Longest.....31 Shortest.....31 Average.....31
Number of days quarantine for diphtheria:
Longest.....39 Shortest.....39 Average.....39
Fumigations: Rooms.....95 Buildings.....29
Milk bottles disinfected.....228

Nurse's Report.

Tuberculosis.

Living cases on record August 1, 1918		884
Cases reported:		
By card	17	
Dead cases by certificate	2	19
		903
Dead cases previously reported	13	
Dead cases not previously reported	2	
Removed	4	
Died out of town	2	21
Living cases on record September 1, 1918		882
Total Tuberculosis death certificates		15
Non-resident deaths:		
Albany Hospital Camp	1	
St. Margaret's House	1	
Albany Hospital	1	
St. Peter's Hospital	1	4
Resident deaths		11
Visits to cases of tuberculosis		38
Miscellaneous visits		17

Laboratory Report.

Diphtheria.

Initial Positive	23	No growth	4
Initial Negative	142		
Release Positive	32	Total	268
Release Negative	67		

Sputum for Tuberculosis.

Positive	21	Unsatisfactory	2
Negative	63		
Suspicious	2	Total	88

Widals.

Positive	4		
Negative	8	Total	12

Miscellaneous.

Wassermann tests	71	Water analyses	0
Milk analyses	94	Dogs examined for rabies	5

Division of Sanitation.

Complaints	95	Sanitary	80
Unclassified	17	Reinspections	83
Inspections	94	Plumbing	16
Plumbing	14	Sanitary	67

HEARINGS.

Hearings	1	Cases heard	1

DIVISION OF PLUMBING, DRAINAGE AND VENTILATION.

Inspections	64	New buildings	0
Old houses	51	Houses tested	12
New houses	13	Blue or red	8
Permits issued	76	Water tests	4
Plumbing	71	Houses examined	22
Building	5	Re-examined	47
Plans submitted	1	Valid	12
Old buildings	1	Without cause	10

REMOVAL OF DEAD ANIMALS.

Horses removed	15	Cats removed	141
Dogs removed	136		
		Total	292

DIVISION OF MARKETS AND MILK.

Public market inspections	19	Lactometer readings	79
Milk depots inspected	12	Temperature readings	79
Stores inspected	74	Fat tests	44
Dairies inspected	64	Sediment tests	38
Milk houses inspected	64	Chemical tests	20
Milk cans inspected	186	Dogs examined for rabies	11
Cows examined	596	Re-examinations	17
Cows quarantined	8	Complaints investigated	13
Cows removed	4	Pork condemned	20 lbs.

MISCELLANEOUS.

Cards posted for communicable disease	8	Dressings	30
Cards removed	18	Cases assigned to health physicians	38
Notices served on schools	74	Calls made	84
Notices served on stores and factories	4	Employment certificates issued to children	20
Postal card returns sent to doctors	8	Garbage collected from 1st district	552 bbls.
Postal card returns received from doctors	8	Garbage collected from 2nd district	400 bbls.
Inspections and reinspections	13	Garbage collected from 3rd district	716 bbls.
Vaccinations	61		

Medical News

The Third District Branch.—The following is the program of the twelfth annual meeting of the Third District Branch of the Medical Society of the State of New York on Thursday, October 3, 1918, at the Y. M. C. A. Auditorium, Kingston, N. Y.:

Morning Session: Address of welcome, Palmer Canfield, Jr., Mayor of Kingston; address of welcome, James R. Nelson, M. D., President Medical Society of the County of Ulster, Kingston.

Leave Y. M. C. A. at 12 o'clock for automobile trip to and about Ashokan Reservoir. Dinner at Watson Hollow Inn.

Scientific Session: Address, Luther Emerick, M. D., President Third District Branch, Saugerties; address, Floyd M. Crandall, M. D., Secretary Medical Society, State of New York, New York City; "The Medical Treatment of Cancer," L. Duncan Bulkley, M. D., New York City; "Unusual Cases of Ectopic Pregnancy," Alvah H. Traver, M. D., Albany.

Officers: President, Luther Emerick, M. D., Saugerties; first vice-president, James H. Mitchell, M. D., Cohoes; secretary, Herbert L. Odell, M. D., Sharon Springs; treasurer, Clark G. Rossman, M. D., Hudson; committee on arrangements, James R. Nelson, M. D., E. E. Norwood, M. D., Frank L. Eastman, M. D., George W. Ross, M. D.

Base Hospital Unit No. 33.—Changes have occurred in the staff. Lieutenant Colonel Von Schrader has been relieved by reason of sickness. Major Elting has been assigned to active service in France, and has been promoted to the rank of Lieutenant-Colonel. Captain Corning has been appointed executive officer and Commandant. Captains W. P. Faust and Charles G. McMullen have been promoted to the rank of Major and are on the French front.

The hospital near Portsmouth, England, allotted to the unit, is fully occupied and additional accommodations are under construction.

It is proposed to make this hospital the centre for all the neurological and psychiatric work in England. An acceptable addition to the staff is that of Dr. Devine, the former Superintendent of the Asylum which is now the Base Hospital. Dr. Devine has received a commission in the Royal Army Medical Corps and will take charge of the mental work. This relieves Captain Viets for the neurological service, and this has become most strenuous.

German Outrages in France.—Dr. Walter Lundblad (A. M. C. '10), of Schenectady, N. Y., is in active service at the front in France, and in a recent letter describes graphically some experiences and expresses some opinions. He writes:

"I was suddenly called early in July to go on duty with this hospital, after traveling from Tijin, which is a wonderful, historic old city of

France, the history of which will be interesting for you to look into. After leaving Tijin I traveled by motor truck up to the front. We arrived after three hard days and nights, and when we had settled down the guns began with the most terrific roar and concussion I have ever heard. It was as though the earth were being rent apart. All night there was a dull glow on the horizon, with here and there a chain of red balls going up, these being tracer-bullets of machine gun fire on airplanes—star shells, rockets. At times the whole earth would be lighted, a lurid white glare, by magnesium cartridges dropped by airplanes, which hung burning in air suspended from little parachutes.

Bomb bursts near.

"That was all seeing. Now our abstract interest was suddenly distracted when that same moonlight night we saw an airplane coming toward us and calmly float over us, circle about once or twice less than 150 feet from the ground and then bang—a bomb burst less than 100 feet from my tent. No one hurt, but the attempt to kill the helpless and wounded. We have large red crosses everywhere, but that does not stop the Hun. No sleep that night, I assure you. We have not only to operate and help all around but we had to assure the safety of our poor boys. Next day, no sleep. That night the Boche 'hero' came again, this time scattering machine gun bullets all over. Again no one was hurt. Tell your friends about this; they should know what this 'beast' we are fighting is capable of.

"I won't try to tell you all that happened. You already have read the papers. It has been a terrible battle with the American soldier occupying his place as the greatest fighter of all.

"The past three weeks have been a night-mare of move, move always northward, thank God, and I have done everything from giving anesthetics and performing operations to being stretcher bearer—no one thought of sleep or food. Finally, here we are formidably intrenched on the battlefield itself, which only a few days ago the Boche himself occupied. He has left thousands and thousands of shells and guns and large quantities of ammunition and supplies. As we walk about between the thousands of shell holes, we see he has 'left his own dead lying here.'"

An Unprecedented Opportunity for Women.—By Emma Wheat Gillmore, M. D., Chairman Committee of Women Physicians, General Medical Board, Council of National Defense.

The same year that gold was discovered in California, a lone pioneer received the first medical diploma which the United States had issued to a woman. Other colleges shortly followed the example of the one which had opened its doors to Elizabeth Blackwell, and to-day over fifty co-educational medical schools admit women upon the same terms as men.

There are more than 25,000 American physicians in military service at this writing, and the Council of National Defense is undertaking, through the Volunteer Medical Service Corps—an organization which has President Wilson's approval,—the task of classifying the qualifications of ninety thousand more. Of these, about six thousand are women, less than one-third of whom have registered with the General Medical Board.

Women of the profession, unless our qualifications are standardized and on file, can you not see that we are an unknown quality and quantity as far as the Government is concerned? In spite of the overwhelming difference in number—6,000 women and over 100,000 men—and regardless of the fact that over twenty-two centuries have passed since Hippocrates wrote the immortal oath and only sixty-nine years have elapsed since women entered the medical profession, the Volunteer Medical Service Corps has invited them to membership with the same impartial cordiality as it has the men.

During the last week in August application blanks for the Volunteer Medical Service Corps were mailed in franked envelopes to all legally qualified men and women in the United States who were not already in Government service. Presumably a number of women have been overlooked because many of them are not members of medical societies, but this will speedily be corrected if a notification of the omission is sent to the Volunteer Medical Service Corps, Council of National Defense, Washington, D. C.

Meanwhile, medical women who possess a vision will see in the Volunteer Medical Service Corps an incomparable method of organization which will register their qualifications and place them in an identical coded class system with men physicians. This Corps is in reality an ideal procedure for mobilizing the military forces of our country for selective medical war service. Incidentally it will place loyal and patriotic medical women by the side of those men who are willing to give themselves. Even though all of them are not elected to membership, their names will be on file with the Government as willing to serve as far as their strength and capability will permit, and no one can point a finger at them and say "slacker."

Will a page be turned over in the history of American Medical Women upon which will be written the qualifications of 6,000 of them, matching that group of English physicians known as the Scottish Women's Hospitals, which was so perfectly organized that they were able to hand over to their Government a constructively organized body of professional women for military service? Or shall we continue, as we have done in sporadic groups for the past 69 years, to demand recognition of men and at the same time neglect to unanimously affiliate with them in recognized medical societies, and to withhold our influence both with pen and vote when medico-social and medico-political and medico-scientific issues are at stake which shake the very foundation upon which medicine rests?

The body politic of the civilized world holds a prominent place for the profession of medicine in the near future. Are we to have a hand in shaping it? The Volunteer Medical Service Corps is big with promise for women of the medical profession if we take advantage of it to put ourselves on record. The response which the Council of National Defense receives from women who apply for membership will tell the tale as to whether they have or have not grasped and taken advantage of the unprecedented opportunity which this world's war for Democracy has opened up for them through the medium of the Volunteer Medical Service Corps.

Mobilization of Women Physicians for Anesthetic Service.—Every effort is being made to keep war surgery at top-notch efficiency and to provide every wounded American doughboy with safe, rapid and comfortable anesthesia, not only at the front, but also in the hospitals in Blighty.

In this connection the following telegram is self-explanatory:

(Copy)

Washington, D. C., Sept. 18.

Dr. F. H. McMechan, Avon Lake, Ohio.

Proceed at once to secure qualified women physician anesthetists under 45 years of age of mental poise; as well as young women graduates, who are competent for such service.

(Signed) Dr. Franklin Martin,
Dr. Emma Wheat Gillmore,
Chairman Woman Physicians' Committee, Council National Defense—Medical Section.

Those women physicians, who are qualified for anesthetic service and who are competent to be intensively trained, are requested, at once, to get in touch with Dr. F. H. McMechan, Secretary, Interstate Anesthetists, American Anesthetists, Avon Lake, Ohio.

Medical Service of the Army and Navy.—Dr. P. E. Garlock (A. M. C. '05), of Schenectady, N. Y., has received his commission as Captain in the Medical Reserve Corps, and has been ordered to report for duty at Fort Oglethorpe, Ga.

—Dr. Ralph M. Hall (A. M. C. '14), of Cold Spring, N. Y., has received his commission as First Lieutenant in the Medical Reserve Corps, and has reported for duty at Hoboken, N. J.

—Dr. George L. Branch (A. M. C. '04), of Catskill, N. Y., has received his commission as Captain in the Medical Reserve Corps, and has reported for duty at Camp Humphreys, Accotink, Va.

—Dr. Peter McPartlon (A. M. C. '00), of Schenectady, N. Y., has received his commission as Captain in the Medical Corps of the Army, and has been assigned to duty with Base Hospital No. 16 at New Haven, Conn.

—Dr. Charles R. Marsh (A. M. C. '03), of Oneonta, N. Y., com-

missioned as Captain in the Medical Reserve Corps, U. S. Army, has been ordered to report for duty at Camp Devens, Ayer, Mass.

—Dr. J. Howard Branan (A. M. C. '03), of Albany, N. Y., has been commissioned as Lieutenant in the Medical Reserve Corps, U. S. Navy, and has been ordered to report for duty as assistant surgeon at Hampton Roads, Va.

—Dr. Morris Bellin (A. M. C. '09), of Albany, N. Y., ranking as First Lieutenant in the Medical Reserve Corps, U. S. A., is stationed at the Rockefeller Base Hospital, New York City.

—Dr. Stillman S. Ham (A. M. C. '02), of Schenectady, N. Y., has received his commission as Captain in the Medical Reserve Corps, U. S. A., and has been ordered to report at Camp Gordon, Ga.

—Dr. James N. Vander Veer (A. M. C. '03), on active service at the front in France, has been promoted to be Major in the Medical Reserve Corps, U. S. Army.

—Dr. William J. Wansboro (A. M. C. '95), has been promoted to a Captaincy in the Medical Reserve Corps.

Personal.—Dr. Lyle B. Honeyford (A M. C. '98), of Catskill, N. Y., has been appointed to represent Greene County in the Central Governing Board of the Volunteer Medical Service Corps of the Council of National Defense.

—Dr. Edward G. Benson (A. M. C. '07), is Captain in the Sanitary Detachment of the New York Guard. Captain Benson was camp surgeon in the United States service, in charge of the aviation camp at Mineola, N. Y., during the Mexican trouble.

Died.—Dr. Frank E. Simons (A. M. C. '80), died after an operation at Utica, N. Y., on October 1, 1918. Dr. Simons' home was in Canajoharie, where he had practiced since graduation.

—★Dr. Ralph W. Turner (A. M. C. '17), of Albany, N. Y., First Lieutenant in the Medical Corps of the U. S. Army, died of pneumonia on October 18, 1918, at Fort Oglethorpe, Ga. Dr. Turner had served a year at the Albany Hospital, after graduation, and later at the Peter Bent Brigham Hospital, Boston, and the beginning of his career was rich in promise of professional success.

—Dr. Charles E. Collins (A. M. C. '06), died at his home in Rensselaer, N. Y., October 14, 1918, after a long illness from heart disease. Dr. Collins had practiced in Rensselaer since graduation, and had won a reputation as a capable and attentive practitioner. The heart lesion required conservation of strength and activity for several years, and the possibilities had been faced by him with courage. He was city physician for several terms, a trustee of the First Congregational Church, and a member of the Board of Directors of the Railroad Young Men's Christian Association.

VOL. XXXIX NOVEMBER, 1918 No. 11

ALBANY MEDICAL ANNALS

Original Communications

ALBANY HOSPITAL.

SIXTEENTH REPORT OF PAVILION F, DEPARTMENT FOR MENTAL DISEASES, FOR THE YEAR ENDING SEPTEMBER 30, 1918.

BY J. MONTGOMERY MOSHER, M. D.,

Attending Specialist in Mental Diseases

To the Board of Governors:

I have the honor to present the sixteenth report of Pavilion F, for the year ending September 30, 1918.

There remained in the Pavilion on October 1, 1917, twenty-five patients—eleven men and fourteen women. There have been admitted two hundred nine men and one hundred seventy women. The whole number of patients under treatment was, therefore, four hundred four.

There have been discharged three hundred seventy-four patients—two hundred fourteen men and one hundred seventy women, and there remained in the Pavilion at the end of the year, sixteen men and fourteen women.

The following tables show the forms of disease and the results of treatment for the year, and since the opening of the Pavilion:

TABLE I.—Showing the Forms of Disease and the Results of Treatment for the Year Ending September 30, 1918.

Form of Disease	Recovered		Improved		Unimproved		Died		Remaining		Total		Total
	M	W	M	W	M	W	M	W	M	W	M	W	
Acute delirium	3	3	3	5		3	3	2		1	9	14	23
Confusional insanity		1	5	5	5	5			3	1	13	12	25
Melancholia		1	4	13	12	17	2	1	2	2	20	34	54
Mania	1	2		4	8	16				1	9	23	32
Primary dementia	1	1	4	5	15	10			2	2	22	18	40
Recurrent insanity			1								1		1
Chr. delus. insanity					6	5			1		7	5	12
General paralysis			1		12	2			1		14	2	16
Terminal dementia			2	5	13	14	5	2	3	5	23	26	49
Idiocy and Imbecility				3	4	7				2	4	12	16
Alcoholic delirium	7	1	2				5				14	1	15
Alcoholism			30	5	4		1		1		36	5	41
Drug addiction			6	9							6	9	15
Neurasthenia			1	1							1	1	2
Hypochondriasis			1								1		1
Epilepsy			7	1	2				1		10	1	11
Hysteria		2		3								5	5
Organic brain disease				1	1	3	3	3	1		5	7	12
Cerebral concussion			1								1		1
Locomotor ataxia					1						1		1
Meningitis							4				4		4
Tuberculosis			1		2	1	1				4	1	5
Pneumonia	2						1				3		3
Organic heart disease					2		2	2			4	2	6
Paralysis agitans					1						1		1
Myelitis						1						1	1
Nephritis						1	1				1	1	2
Cirrhosis of liver				1				1				2	2
Heat prostration	1										1		1
Attempted suicide									1		1		1
No diagnosis											4	2	6
Totals	15	11	69	61	88	85	28	11	16	14	220	184	404

TABLE II.—Showing the Forms of Disease and the Results of Treatment Since the Opening of the Pavilion, February 18, 1902.

FORM OF DISEASE	Recovered		Improved		Unimproved		Died		Remaining		Total		Total
	M	W	M	W	M	W	M	W	M	W	M	W	
Acute delirium	52	65	25	35	7	25	19	19	...	1	103	145	248
Confusional insanity	17	16	57	69	59	102	5	6	3	1	141	194	335
Melancholia	35	54	74	164	92	169	6	15	2	2	209	404	613
Mania	11	21	19	46	52	71	1	...	...	1	83	139	222
Primary dementia	9	10	46	34	92	57	1	...	2	2	150	103	253
Recurrent insanity	1	...	17	28	20	31	...	...	...	...	38	59	97
Chrs. delus. insanity	...	...	4	7	66	70	...	1	1	...	71	78	149
General paralysis	...	...	16	1	96	17	5	...	1	...	118	18	136
Terminal dementia	...	...	60	48	193	165	46	29	3	5	302	247	549
Idiocy and Imbecility	...	...	26	20	59	56	1	...	...	2	86	78	164
Alcoholic delirium	327	20	47	8	6	2	46	2	...	...	426	32	458
Alcoholism	20	5	478	63	39	10	5	...	1	...	543	78	621
Drug addiction	18	13	58	52	11	6	3	5	...	...	90	76	166
Ptomaine poisoning	2	2	...	...	...	...	...	...	...	...	2	2	4
Nephritis	...	...	3	2	2	2	15	4	...	...	20	8	28
Eclampsia	...	1	2	1	...	1	...	1	...	...	2	4	6
Epilepsy	1	...	35	13	30	16	1	...	1	...	68	29	97
Neurasthenia	4	2	28	24	8	15	...	...	...	...	40	41	81
Hysteria	4	16	3	49	1	10	...	...	...	...	8	75	83
Chorea minor	1	2	1	1	2	1	...	...	...	...	4	4	8
Exophthalmic goitre	..	...	....	1	...	...	...	...	...	...	....	1	1
Tic douloureux	...	...	....	1	...	...	...	...	...	...	....	1	1
Hypochondriasis	1	...	19	...	7	...	1	...	...	...	28	....	28
Organic brain disease	...	...	18	12	32	10	23	14	1	...	74	36	110
Cerebral concussion	9	1	5	...	1	...	...	...	...	...	15	1	16
Oedema of the brain	...	...	...	...	1	...	1	...	...	...	2	....	2
Locomotor ataxia	...	...	5	3	7	2	...	2	...	...	12	7	19
Myelitis	...	...	...	...	1	2	...	2	...	...	1	4	5
Arthritis deformans	...	...	...	...	...	1	...	...	...	...	....	1	1
Meningitis	1	...	1	2	...	1	14	3	...	...	16	6	22
Multiple neuritis	...	...	1	...	...	1	...	...	...	...	1	1	2
Paralysis agitans	...	...	...	...	3	1	3	...	...	...	6	1	7
Hydrophobia	...	...	...	...	...	...	1	...	...	...	1	....	1
Tetanus	...	...	...	...	...	...	1	...	...	...	1	....	1
Tuberculosis	...	...	9	...	5	2	32	5	...	...	46	7	53
Typhoid fever	3	1	...	...	...	...	...	...	...	...	3	1	4
Liver disease	...	3	....	1	...	...	2	2	...	...	2	6	8
Pneumonia	8	...	...	...	...	...	26	3	...	...	34	3	37
Heart disease	...	...	4	1	4	...	10	2	...	...	18	3	21
Pernicious anaemia	...	...	....	1	...	...	..	1	...	...	....	2	2
Chlorosis	...	...	...	...	...	...	...	1	...	...	....	1	1
Septicaemia	...	...	...	...	...	...	2	1	...	...	2	1	3
Gastro-enteritis	...	...	...	...	...	...	1	...	...	...	1	....	1
Fracture of skull	...	...	....	1	2	...	5	1	...	...	7	2	9
Multiple fibromatosis	...	...	...	...	...	...	...	1	...	...	....	1	1
Carcinoma	...	...	...	...	3	...	...	1	...	...	3	1	4
Strangulated hernia	...	...	...	...	...	...	1	...	...	...	1	....	1
Pleurisy	...	...	1	...	...	...	...	1	...	...	1	1	2
Malingering	...	...	...	...	1	...	..	...	...	...	1	....	1
Insolation	2	...	...	...	...	...	...	...	...	...	2	....	2
Attempted suicide	...	...	...	...	...	...	...	...	1	...	1	....	1
No diagnosis	...	...	...	...	...	...	...	...	...	...	35	22	57
Totals	526	232	1062	688	902	846	277	122	16	14	2818	1924	4742

For the first time in its history there has been a decrease in the number of the yearly admissions to the Pavilion. During the year ending September 30, 1917, four hundred and thirty-five patients were received, as contrasted with three hundred seventy-five during the period now completed. It is also notable that the diminution occurred in the number of men. The number of women was practically identical—one hundred seventy in 1917 and one hundred seventy-one in 1918. The figures further reveal that the decrease is in the alcoholics—one hundred twenty-nine having been admitted in 1917 and fifty-nine in 1918. In this recapitulation the cases of pneumonia are included, as of alcoholic origin, and in which there was so frightful mortality in 1917. It is to be hoped that this striking evidence of improved public conduct may continue. Comment upon the social and moral relations of intemperance is reserved for discussion in a later part of this report.

The table of Forms of Disease has been used since the opening of the Pavilion to indicate, as far as is possible, the character of the service given and of the demands made upon the hospital by mental cases. It is imperfect, as are all such classifications, for the nomenclature of mental disease is in a very unsettled state, the more so since the attempts at adoption of the terminology proposed by Professor Kraepelin some twenty-five years ago. Professor Kraeplin attempted to separate the idiopathic insanities, that is to say the pure mental cases without structural changes in the brain, into two groups, designated, respectively, dementia praecox and manic-depressive insanity. After a few years it was discovered that there had been a sharp decrease in the number of cases of the former designation in his clinic at Munich, with a corresponding increment to the latter. An inquisitive visitor ascertained the reason to be that many patients who had been regarded as with dementia praecox passed on to recovery, and that this eventuation was contrary to the conception of the morbid process. The inconsistency was the more glaring as a definite catalogue of symptoms was assigned to each form of alienation. The error evidently arose from the attempt to adjust a theory to two factors, which may prove irreconcilable: the symptoms and the result. One may say the symptoms are

those of dementia praecox. another awaits the issue; if the patient degenerates and incurability is established he accepts this term, and, if he recovers, applies the alternative appellation. This reasoning is unscientific and illogical. The internist does not reach a conclusion as to the diagnosis of pneumonia or typhoid fever by the outcome: if the patient dies he has had pneumonia; if he lives, he has not. This phrase, however, and any phrase, unfortunately, which seems to ravel some of the intricacies of mental action, has its vogue. It has had wide acceptance, and has come to be applied, according to the whim of the observer, to any attack of mental disease which is not definitely something else.

A scientific term has a life-history. At first technical and the exclusive property of the savant, it grows, develops viability and individual existence, and is launched into an independent career. In the department of mental medicine the introduction of a new idea or a new word into public life is generally achieved through the medium of the courts. There is a traditional law-suit in which the presiding justice appeared to be aroused from slumber by the enunciation of the novel words. "What is that?" he unexpectedly inquired: "What do you mean by ferox'?" The discomfited expert witness attempted to explain, but was rewarded with an expression of incredulity. Whatever may have been the temporary embarrassment, the parturition was accomplished, and dementia praecox has taken a place in the vocabulary and the fancy of the layman. It goes without saying that the physician who regards the term with indifferent enthusiasm is frequently at a loss in the discussion of his patient's chances. The intimate friend, when this diagnosis is proposed, assumes an expression of wisdom, then of doubt, and finally of distress. He believes dementia praecox means insanity, and that insanity is permanent, a condition which, in his anxious thought, is the equivalent of metaphorical "living death." Such popular belief is evil and harmful to the spirit of medical practice which needs every encouragement and assistance to promote cures. By some hospitals of higher grade, these fine distinctions of psychological speculation are not published.

To adhere to our original terms has seemed the part of wisdom

This department of the hospital has concentrated its energies on efforts toward the restoration of health. There have been misconceptions, errors and disappointments, in abundance; on the other hand there has been success, often when not expected, sufficient to justify faith in the idea of its conception. For purposes of analysis, the table is valuable. The patients are separated roughly into four groups:

(1st) Cases of delirium or of conditions resembling delirium, as confusion and stupor; together with states of simple mental exhilaration or depression, formerly known as mania and melancholia, respectively, and not necessarily to be united under the term "manic-depressive insanity," as a recurring disease;

(2nd) Intoxications from the abuse of alcohol and drugs;

(3rd) Inherent defects in brain organization or diseases of the brain resulting in structural decay; and

(4th) Mental complications incident upon the commoner forms of physical disease.

The third group may be dismissed from consideration with a word. The residence in the Pavilion of these patients is incidental upon the determination of competency to enjoy and exercise the privileges of citizenship. The permanent mental defect having been established, they are committed to an institution for the insane, which is fully equipped for the comfort and, as far as its inmates are able to appreciate it, the enjoyment of life. The standards of our day are better than those of a few generations gone. It is not now necessary to offer an excuse or enter a plea for the improvement of the helpless such as engaged the philosophy of Sir Francis Bacon. It lay not beneath his dignity, in the words of Macaulay, "to contrive an improved garden chair for a valetudinarian, to devise some way of rendering his medicines more palatable, to invent repasts which he might enjoy, and pillows on which he might sleep soundly; and this though there might not be the smallest hope that the mind of the poor invalid would ever rise to the contemplation of the ideal beautiful and the ideal good." The general hospital is limited in its ability to overcome the inertia of invalidism, and is not de-

signed to amuse its patients. It is equipped with all the devices and appurtenances for the energetic treatment of acute disease, and its medical staff consists of experts in various special lines, who have at hand and for instantaneous use all the apparatus for the prompt relief of sudden and threatening calamities. There are other resorts for the chronic invalid, humanely, intelligently and scientifically ordered, much better adapted to this duty. It is necessary to reiterate this fact, in explanation of the repeated rejection by the hospital authorities of patients who will not respond readily to treatment, and need a peculiar and more extensive equipment than obtain here.

The first group comprises patients upon whom the resources of the hospital are legitimately expended in an aggressive effort to restore health. The mental manifestations are incidental to more or less prolonged abuse of physical function culminating in exhaustion of the nervous system. They are bewildering in variety and defiant of analysis. It is possible that Robert Louis Stevenson had had some experience with the obliquities and vagaries of the morbid mind when he crystallized his thoughts in the pertinent epigram that "the human spirit is a thing strangely put together." The term Delirium is perhaps the best we have in designation of a condition in which self-restraint is temporarily lost, and in which consciousness is clouded, the special senses are preternaturally acute, visions, revelations, dreams and paraesthesiae dominate, and exaggerated fears are accompanied by impulses to violence and destruction.

The catalogue of symptoms is constant, though there is great variety in their relative intensity and proportions, so much so that the casual external appearances may prove misleading. But active excitation and profound stupor represent an identical pathological process. Deterioration of the body, emaciation, fever, dyspepsia, and disorganization of function are the physical evidences. That individuals permit themselves to be reduced to this deplorable condition may always prove a problem—one of the surprising incidents of our assumption of comfort and civilization. Citation of the causes is misleading. "Overwork and worry," "domestic infelicity," "disappointed affections," "financial reverses," the common explanations, appear inadequate.

Even if accepted as reasonably explanatory, such expressions are to be taken as the superficial demonstration of inability or neglect to meet the exactions of existence, and are peculiar to a cultivated society. It is almost useless to remark that such diseases and such causes are not to be found among savages. Stevenson, again, appears to have hit upon the real difficulty, in the remark that "the true hardship is to be a dull fool, and permitted to mismanage life in our own dull and foolish manner." Carlyle also deplores the destruction in all classes of society: "The Poor perishing, like neglected, foundered Draught Cattle, of Hunger and Overwork: the Rich, still more wretchedly, of Idleness, Satiety and Over-Growth," and believes that "with Stupidity and sound Digestion man may front much." More intelligent disposition of time and application of strength is surely needed, and, trite as the observation may appear, more general appreciation of the unity of the day. The classical distich, slightly adapted, sounds the dictates of mental sanitation:

> Six hours to work, to soothing slumbers seven,
> Ten to the world allot, and all to heaven,—

a solemn admonition from antiquity, now most honored in the breach. Modern custom, reckless alike of the present and the future, adapts itself to a less healthful epigram:

> Twelve hours to work allot, and fatal hurry,
> To restless slumber six, and all to worry.

The prophylactic mean may be attained by division of the twenty-four hours into three equal parts, one each for work, recreation and rest, for thus is insured decent respect for the physical demands of the brain. The impulsive and impetuous American may well consider the advantage of postponing until the morrow what need not be done to-day.

The prevalence of disease, crime and other obliquity in time of peace and quiet, and the relative absence of offenses in periods of great stress, have long been the subject of comment. A physician who had passed through the San Francisco earthquake, and had lost all his possessions, when interrogated as to patients in hospitals and other sick, replied: "There were no sick people; they all disappeared." And it is a matter of history that the

number of cases of insanity in time of war does not increase. A statement from one English asylum, which has come to hand, announces diminution in the number of admissions. It is true that the horrors of the battle-field have resulted in some forms of nervous disorganization, and the term "shell-shock" has been adopted provisionally as a convenient designation of a group of conditions. Further analysis, in due course, will differentiate the symptoms thus heterogeneously assembled, and the purely functional cases will find their proper place with hysteria, or, technically speaking, with the "traumatic neuroses." Such information as has been vouchsafed points to temporary disorder of the nervous system and the mind, under the influence of a sudden and powerful emotion, rather than to insanity.

There is something then in the persistence of minor personal anxieties and the routine of peaceful pursuits, which, like the traditional erosion of the stone by the drop of water, wears down human resistance, and initiates a series of nervous manifestations prejudicial to the body and demoralizing to the mind. The causes of disease are rather fictitious than real, as is demonstrated by the sense of duty, self-denial and courage, when the better elements of a people are aroused by some great national wrong or calamity. Worshippers of the bottle and the brothel, those prolific sources of corrupting and fatal maladies, are often made, not by depravity or lack of moral sense, but by the impulses and excitation of morbid nerves. Attempts at repression of the superficial agents are only partially effective, because they fail to reach the underlying torment.

Two gentlemen convalescing from severe illness exchanged experiences and compared notes. It appeared that one had been industrious and persistent, giving his strength throughout a long day to his mercantile pursuit and in the evening to church service and its associated activities; the other had been indolent and addicted to alcohol. The conclusions they reached were to the effect that if the one had been content with less piety and more fun, and the other with less fun and more piety, both would have escaped the need of hospital care. Many philosophies are needed to reconcile and smooth these unevennesses of temperament. That the clearest conception of the sources of human happiness

may be held by the victims of the world's harshest judgments, has been frequently noted. Edgar Allan Poe, who experienced little or none of the pleasures of this life, seemed to envisage the conditions of felicity, from the antipodal ground of privation and distress. From the torture of his life, his longings found expression in " four principles or conditions of bliss—free exercise in the open air, the love of some lovable woman, a contempt of ambition, and an object of unceasing pursuit."

Cases of addiction to alcohol and drugs continue to come, the latter in somewhat larger number since the enactment and enforcing of laws to prevent the abuse of narcotics. Opium habitues appear to be recruited from two distinct classes, those who innocently resort to the drug for the relief of pain or other anguish, and those who indulge in this stimulant for the pleasurable sense of exhilaration. In the latter group the alkaloids cocaine and morphine are not infrequently combined for the instantaneous intoxicating effect. The two classes of patients present ethical as well as etiological differences. The former are usually respectable and unfortunate men and women who suffer from some distressing visitation; the latter may be designated, in colloquial term, as " sports," more or less indifferent to the amenities and obligations of society. It is difficult to accept the propaganda that crime and pauperism are to be attributed to the disorganizing influence of these drugs. The general attitude of the patients who are temperamentally fickle, unconscious of opprobrium, and unscrupulous, reveals inherent moral obliquity, which derives satisfaction from any stimulus to pleasure; and the conclusion is inevitable that the indulgence is a demonstration rather than a cause of whatever lapses or misdemeanors occur. There is little solace to the physician in the efforts to redeem these persons. They do not comprehend the need of correction of the habit. Apprehension of further degradation has no place in the philosophy of life, for the addict is essentially an ephemera, whose happiness is of the day, let the future hold in store for him whatever it may, and he leaves the hospital with the promise of recidivism, which he usually keeps. Faith in his perseverance in evil ways finds its confirma-

tion in the statistics, where temporary relief is recorded, and not cure.

Some years ago an aggressive attitude was assumed for the management of these cases. It was determined to discontinue the administration of the poisons immediately upon the entrance of the patient into the hospital. With respect to alcohol, medical opinion differed as to this method; with respect to drugs the accepted plan was the gradual diminution of the dose from day to day, so that the arbitrary decision partook somewhat of the character of an experiment. But there seemed no logical reason for the continued introduction into the body of deleterious agents and their products. Perhaps the horror of Sartor Resartus had made its impression. He was acquainted with Irish potheen, English blue rum and Scotch whisky, analogous fluids, which contained some form of alcohol, "in the highest state of concentration, though disguised with acrid oils, and, on the whole, a most pungent substance—a perfect liquid fire." The presence of adulterants is undoubtedly the explanation of the frightful effects upon the human organism of potations of whose ingredients alcohol may be the least harmful. The sooner these are eliminated the better for the patient. This is the principle of treatment. During its progress the nervous system is sustained by strychnine, the heart by digitalis and nutrition is promoted by milk—for the fiercest of liquors is best opposed by the mildest.

The plan of abrupt suspension of narcotic drugs was undertaken with some misgiving, and the earlier cases to whom it was applied were observed with anxiety. There were practically no precedents, and the prompt appearance of collapse, with revulsion of action of the digestive tract, inhibition of the pulse, which frequently fell to a rate of forty, and commotion of the nervous system, indescribable alike by the observer or the subject, gave moments of indecision. This condition, however, was soon demonstrated to be temporary. The acute distress was generally encompassed in about three days, and patients have been unanimous in approval of an ordeal thus shortened from the extended discomfort of weeks or months. Some relief has been given by the cautious administration of strychnine as a stimulant and

hyoscin as a sedative during the active period. From both alcohol and drugs, recrudescence is prompt.

So, after sixteen years of activity, in which at times its resources have been sorely tried, the work of this department of the hospital has fallen into the routine of reconstruction of the victims of error and ignorance. A hospital is only incidentally an educational institution. It may suggest, by its methods, the physical and mental laws which should govern personal conduct, and its patients may profit by experience, and learn the lesson of the effects of abuse of health. And this incidental service will be in demand while men and women succumb to the attrition of domestic, social and commercial affairs.

Improvements.

The water sections have suffered from the hard usage of sixteen years and are now in process of reconstruction. The attention of the Board of Supervisors of the County of Albany was called to this need, and after a visit to the Pavilion by their committee, an appropriation was made to remedy defects. In these sixteen years there has been an increase in the requirements for personal convenience and comfort made upon institutions, and particularly in the popular demand for more water. Fortunately for the administration of the wards, it has been possible to introduce a new bathroom on each floor, accessible to the rooms for active patients, and by this addition, the work of the nurses and the care of these patients will be greatly simplified. The abandonment by the nurses of the building originally appropriated as their domicile, and its subsequent adaptation to the pathological and other technical activities of the hospital, removed the objection to the use of its main hall as an approach to Pavilion F. A connecting corridor has been built to the second story, and this has been treated broadly by Mr. Fuller, the architect, so as to serve as a solarium for men. It is a decided acquisition. Owing to labor conditions all this work goes slowly, but the consummation is in sight, and when the furniture is installed, and the decorating of the walls of the building is complete, the original attractiveness of the Pavilion

will be restored, and the benefits to be derived from surroundings pleasant to the eye, will again do their part in exercising a favorable and curative influence.

Discharges.

Of the three hundred and seventy patients discharged, twenty-six recovered and one hundred twenty-nine were improved. The percentage of cases distinctly benefited was forty-one. Since the opening of the Pavilion the percentage of cases discharged as recovered and improved has been fifty-three. One hundred seventy-four patients were discharged unimproved, and thirty-nine died. The causes of death were: exhaustion of alcoholism, four; suicide, four; pneumonia, three; organic brain disease, eight; nephritis, one; meningitis, five; heart disease, five; diabetes, one; exhaustion, three; gangrene, one; empyema, one; debility of old age, one; cirrhosis of liver, two.

Of the forty-seven hundred forty-two patients admitted in sixteen years, twenty-five hundred forty-two have returned to their homes with health restored.

Acknowledgment.

Each year adds to the obligation to the public officials of the county and city with whom the hospital is in daily relation. Public patients are sent by the Commissioner of Charities, upon whom falls the decision of the propriety of commitment. When the Pavilion was opened in 1902, the Honorable William H. Storrs was the incumbent of this, in some sense, magisterial office. There were many difficulties in the solution of problems presented by a new department of hospital administration. Pavilion F was the first of its kind in the State, and in the country, and there were no precedents upon which to formulate methods of procedure. These were gradually evolved with accumulating experience, until a fairly definite routine was established. With the cooperation of Commissioner Storrs, and his successor, Commissioner Quentel, there has been entire absence of friction. To this may be ascribed the complete success of the institution in fulfilling its mission, under conditions in which opportunities

for misunderstanding are not wanting. There are a point of view of the hospital and a point of view of the official, which easily enough may not be harmonious, but in sixteen years of daily intercourse there has been no instance of collision. This speaks highly for the assistance given to the hospital, and our annual report would be incomplete without an expression of gratitude to Commissioner Quentel and his associates.

The past year has been exceptional in the interruptions of routine incident upon sickness and absence of physicians and nurses. Many have responded to the call of patriotic service, and those who remain have had increased demands upon their energy. With depleted numbers the hospital has carried on its work effectively, and the visiting and resident staffs of physicians, and the nurses who have remained have accepted the added burden cheerfully and without complaint, so that there has been no interruption. This speaks well for the loyalty and enthusiasm of the service, and justifies a tribute of thanks.

The following gifts have been received during the year: a billiard cue from Mr. James McMartin, magazines from Mrs. Margaret Foll, a framed picture, a book and flowers from Mr. C. Van Merrick, nineteen volumes of fiction from Miss Nora Mack, three framed pictures from the Nurses' Home, and subscription to McClure's Magazine, which has had the usual renewal by a friend and former patient, to all of whom thanks are given.



JOSEPH H. BLATNER, M. D.

Albany Medical Annals
November, 1918

A MEMORIAL OF DR. JOSEPH H. BLATNER.

By DR. ALBERT VANDER VEER.

Dr. Joseph H. Blatner, aged seventy:—How rapidly the years of his life pass in my memory!

Dr. Blatner was the first registered student in my office, coming May, 1869, and while many followed, few made a more lasting impression in the performance of faithful work.

He was well prepared for the study of medicine, having received an excellent education in the private schools of this city, also the Albany Boys Academy, Amherst and Williams. He was devoted to the study of English and American history, and an earnest, clear writer on many important subjects. He had given much attention to the study of the classics, and was a fine Latin scholar, all of which was of great assistance when he entered upon the study of medicine. His acquisition of knowledge had been well balanced, for, added to his extensive reading, he had made himself a musician of much merit. In after life this gave him great solace and relaxation, in the midst of his arduous professional activities. In the letters I later received from him, when a student abroad, he spoke so interestingly of the concerts he had attended, also of grand opera, and the pleasure he had derived from listening to some of the most noted singers of that day.

As a student Dr. Blatner was punctual in his attendance at the office, a careful reader, and never neglected his studies. It was a pleasure to conduct the quiz upon the work of the day or week. He grasped the duties of the office so willingly, examining and caring for specimens, and making such a prompt, clear report it was a source of great satisfaction to note his progress. No specimen was lost when he became responsible for its care. He grew very efficient in the employment of the microscope, and it must be remembered that the student of that day was, necessarily, obliged to do much that is now worked out in our laboratories. In the holding of autopsies he early proved himself a valuable assistant. Although not fond of operative surgery Dr. Blatner made his services very valuable in the examination and classification of surgical cases and pathological specimens.

In those days we had many railroad accidents to look after, and many weary day and night visits did we make to Greenbush, Bath and West Albany in caring for the injured. Dr. Blatner was a good assistant; in having all things ready for the operation, when it was required, and so sympathetic with the patient his presence inspired confidence. At that time much of our surgical work had to be done in ill prepared homes. Amputations and major operations were performed under surroundings that the surgeon of to-day would hesitate to undertake. My first removal of the thyroid—the first in this part of the country, and an operation I had never seen performed—was done under such circumstances.

Dr. Blatner was a rare student regarding office talks and discussions. Knowledge thus obtained was held sacred, and only repeated, and made use of, when it applied to another like case. In all that he thus acquired he was building the medical foundation upon which he was to rear and carry out his exceptionally fine professional career. He was a young man of kindly and winsome manner, exceedingly modest in all his ways, and I can now see the blush that came to his cheek, when, after dressing a fractured humerus, for the poet, John G. Saxe, and who when informed he would have to return home, replied, "He was on his way to, and had tickets for the opera, and felt very sorry for his daughter," who was with him, and a very beautiful young lady. Without any further introduction he said to Dr. Blatner, "Young man will you be kind enough to take my daughter to the opera this evening?" The "young man" was somewhat embarrassed, but the situation was relieved by the daughter's insisting she must accompany her father home and remain with him during the evening.

Dr. Blatner's student days occurred when our first born was an infant, and at two years of age he became very fond of the Doctor's kind attentions. The first of the little fellow's sentences, and which became household words, was "Blat take me!" They remained close friends during the entire life of the lad, and here is a pathetic chapter in our lives. This boy grew to be fifteen years of age, and died on the same fatal Sunday, De-

cember 30, 1883, that Dr. Blatner lost his son, Sanford, aged six years.

After attending his first course of lectures at the Albany Medical College, he conceived a strong desire to continue his studies in Germany, and matriculated at Heidelberg University. While a student there the Franco-Prussian War occurred, and while serving in one of the hospitals he saw much of German thought and manner of living. His thorough knowledge of German became a great asset and aided very materially in his acquaintance with the authorities there. He spent nearly two years abroad, and while there entered the service of one of the military hospitals. When this was completed he received an M. O. C. from Prague University. He also spent some little time in Leipzig, Vienna, and at other large hospitals in Germany, England and France. From these various medical centres he wrote me a number of reports on the medical and surgical clinics he attended, and, especially interesting letters from Berlin. He gave me an excellent description of Czerny's operation for removal of the kidney—a very rare operation in those days—also many other important operations and methods of operative procedure.

Dr. Blatner had a fine experience in the Franco-Prussian war. As has been so well stated, he did not sympathize with the Prussians, but often severely criticised their methods, and, later, predicted that Germany would enter into a more serious war when she was well prepared. In after life he described the surgeons' care of the sick and wounded, their arrogant and autocratic handling of their cases. This manner of doing things very frequently became the subject of our conversations, and the winding up of our remarks with the wish that they might get a good whipping from our soldiers, little dreaming it would come in our time.

In 1874, I had the pleasure of meeting some of the Doctor's old professors, all of whom spoke of him in the most endearing terms.

It is quite a remarkable coincidence that at Sedan, where our American troops are now making such a splendid record, Dr. Blatner gave most of his service in the Prussian hospitals. His

position was what we termed a medical cadet during the Civil War, he having studied medicine two full years, attended a full course of medical lectures and most of two summer courses. He returned to Albany in time to graduate with his class in 1872, and became associated with me in practice for two years. He developed a preference for family practice, obstetrical work and diseases of women and children. I was then doing a large obstetrical practice, sent him many cases, and he soon established a successful professional career.

In his early years of family practice Dr. Blatner wrote a number of interesting papers on medical subjects, which gave him an excellent reputation among his fellow practitioners, and attracted their friendship and endorsement. He was appointed a member of the Albany Dispensary staff, and June 10, 1873, became a member of the Medical Society of the County of Albany, reading his first, and one of his very best papers before that body on January 28, 1874, entitled " 100 Cases in Obstetrical Practice." January, 1875, he reported a very interesting case of Caesarian section, where he assisted the operator; at another meeting " hydrocephalic brain of a small child, in which the ventricles were enormously dilated." June, 1875, he was elected a delegate to the American Medical Association. At about this time Dr. Blatner reported rare cases of atresia of the vagina, finding in the literature but one case—reported in the London *Lancet*—and by the then, late Dr. James McNaughton. In 1878 he presented a paper on cases in his obstetrical practice, which showed his development in this line of work, and the success that attended his studies in this direction.

At a meeting later, of the County Society, he presented a most remarkable specimen of a true diphtheritic cast of the trachea, from a child eight years old, dying nine days after onset of the disease. The deposit extended down into the bronchial tubes. Such cases are not seen at the present time, the employment of antidiphtheritic serum lowering the mortality wonderfully.

As an evidence of his interest in these meetings, when unable to attend, the Doctor sometimes sent very valuable specimens for observation and discussion.

I have always regretted that he did not continue to present his experiences in more published monographs, but his was a busy life and in his general practice his time was very thoroughly occupied.

He was also a member of the Medical Society of the State of New York and the American Medical Association. For a time he officiated as secretary, and in other positions connected with the County Medical Society.

He was health officer for Albany, also physician to the County Hospital, and always had the esteem and trust of his fellows in many other positions of responsibility. The latter part of his life he did not give so much attention to his medical society work, and was not seen at the meetings so frequently.

Dr. Blatner was a public spirited citizen and very earnest in support of the political party with which he was affiliated, as well as working heartily for ballot reform. He frequently gave some very interesting—as well as amusing—reminiscences regarding his early experiences as inspector of elections. This was during the days when ballots exceeded the census.

It was my pleasure to recommend Dr. Blatner as medical examiner for the Metropolitan Life Insurance Company, a position he filled with great credit to himself and the entire satisfaction of the Company, for nearly forty-five years. It was ever characteristic of him to be exceedingly careful and methodical in the completion of his work. Dr. Blatner belonged to a class of physicians now passing from our midst. In the care of patients he was a true family physician. He was a friend to the family in which he served, giving good advice and aiding them in many ways.

While believing in the importance of the development of specialties, he also felt it the duty of the general practitioner to be thoroughly educated in all branches. As cases presented requiring the experience and skill of some one more learned in that particular trouble, to bring them in in consultation, and, if necessary placing them under the care of the specialist.

His father, a very pleasant gentleman, was very much interested in the Doctor's student life, and always had the utmost faith and confidence in his success in practice. I have often

heard him tell of the great fire that occurred in Albany at the time the Doctor was born, August 20, 1848.

Dr. Blatner was very fond of his family life, and in entering upon his professional career looked forward to the building up of the home, and the pleasure it would give him to have his life's work in the keeping of the home circle. I well remember his happy marriage, and with what joy he welcomed the children that came. In all his conversations his joys, as they came, added to the links that made up our life association, so pleasant, and so confidential. From student to physician, through all his long professional career, and in our family life, our friendship was never interrupted. We consulted and confided in each other. He was a true friend, a lover of his work and an honor to his profession. He was a most affectionate son and the pleasant occurrences in his household were sources of great joy to him, as he sometimes told of some exceedingly happy experience.

It can truly be said he was one of the leading physicians of Albany. Few attained the age vouchsafed him, and the ability to continue the duties that came to him from day to day.

His going out from this life was very characteristic of his whole life. He had just passed the "three score years and ten," yet active and earnest in the discharge of his professional duties. The nature of his death brought out his inherent faith and strong love for his profession. His dying words "I am glad to die in the harness," is a monument to his years of labor and aid to humanity.

Dr. Blatner is survived by his wife; two sons, Dr. LeRoy S. Blatner, a prominent dentist of this city; William D. Blatner, of Chicago; one daughter, Mrs. Frederick L. Guggenheimer, of New York, and three grand children, Henry LeRoy Blatner, Elizabeth Mary Guggenheimer and William Wise Blatner.

Quotations are not always appropriate nor impressive, but I think we may be permitted to make use of the following selection from Bryant's Thanatopsis:

> "Thou go not, like the quarry-slave at night,
> Scourged to his dungeon, but, sustain'd and soothed
> By an unfaltering trust, approach thy grave
> Like one who wraps the drapery of his couch
> About him and lies down to pleasant dreams."

Correspondence

LETTERS FROM THE WAR.

(Extracts from personal letters.)

U. S. Army Base Hospital No. 33,
Portsmouth, Eng., 22, VIII, '18.

Dear Dr. Mosher:

I have some very good news from the Unit. You probably know that finally after much talking and changing of plans we took over this big Insane Asylum, most beautifully situated with acres of our own finely kept grounds and a very good building. I was away when the change took place so missed all the horrors of "moving" and I only came back a week ago to find everything running most smoothly. The changes in the staff were quite essential to our happiness, and while we were all sorry to see the Major go, we were all very proud of the noble sacrifice he made for the sake of the Unit, and our sorrow is somewhat relieved by the late news from him that he is having a most active surgical service in a C. C. S. in France, and enjoying life again to the limit after a period of four months of real torture. Captain Corning, our new C. O., is most efficient and liked by every one; we all feel that no choice could have been happier, and thus our troubled waters are now running most smoothly. We are now going our limit of beds and the plans for three times as many are well along; in fact, thanks to very fine work of Palmer's, the construction is started.

Now for a little more personal news. I was most delighted to learn this week that this place was going to be the center for all neurological and psychiatric work in England. This will mean a very big department for me and lots of work. I have been almost swamped with work but very fortunately the former superintendent of the insane asylum, Dr. Devine, has received a commission in the R. A. M. C. as psychiatrist and will be attached here with us. That will relieve me of all the psychiatric work and leave me my special field of neurology, which is much to my liking.

Another thing which pleases us all is the type of cases we are getting. They come back from the trenches remarkably quickly and my "shell shock" cases are often back in three to five days. There are a goodly number of them. Then the peripheral nerve part of it is even larger. About fifty per cent of the surgical cases have more or less nerve involvement, and so you see that is a big field in itself. Then we have a moderate number of psychoses and organic neurological conditions. In one ward I have as follows:

Shell shock, 4;
Concussion following fracture, 2;
Lues, hemiplegia, myelitis, early G. P., 3;

Epilepsy, 3;
Peripheral nerve injuries, 8;
Neurasthenia, 2;
Paranoia, 1;
Dementia precox (*the real thing*), 2;
Acute dementia, 2;
Spinal cord, haematomyelia, 1.

This will give you an idea of my work.

I am sorry I cannot write to all my Albany friends, but time does not permit. Please give my best regards to Dr. Hun, Dr. Ordway and others.

Very sincerely yours,

HENRY VIETS.

U. S. ARMY BASE HOSPITAL No. 82,

IN FRANCE, *September* 18, 1918.

My dear Dr. Mosher:

At last we are settled and taking care of cases. I have a ward full of interesting neurological and psychiatric casualties and am kept busy all the time. We are eight miles back of the zone of advance.

The trip from the port of debarkation to this place was prolonged and tiresome, taking three days and nights, with no facilities for rest at night except in our seats in a crowded third-class compartment car. So we were glad indeed when we arrived here and found fairly comfortable accommodations.

We had an interesting time on the ocean trip, interesting and exciting at times. Fortunately our boat was one of the fast fliers and we were on the water only seven days.

Most sincerely,

A. M. RABINER.

NEUROLOGICAL HOSPITAL, No. 2,

FRANCE, *October* 3, 1918.

My dear Dr. Mosher:

Since I last wrote you, considerable change has occurred in our station. From Brest we moved to Allerey, in Saone et Loire. There we only stayed about a week, and then traveled twenty-four hours into the zone of the advance. We located in a hospital group near a city well up the line, and soon were busy with cases from the front.

At present I am with Neurological Hospital No. 2, to which I am attached for temporary duty. We are in the same hospital group and are rushed with work. Our cases are the so-called "shell shock" group,

but that name is now tabooed and we classify them into their proper place. A great many are actual neurological affairs, and the others come into all classes of the functional neuroses and psychoneuroses.

Needless to say, the work is both absorbing and interesting and though we rest seldom yet keep right at it.

It is all work and no play. Being well up the line we are constantly menaced by enemy planes and often hear the guns of the battle in the nearby lines. At night everything is dark, no lights are permitted after 8 p. m., and walking outdoors is dangerous, as motors and vehicles of all kinds run wild with no lights of any description.

I don't know for how long this temporary transfer will last, but it makes little difference, as work exists everywhere, and there is little choice.

Remember me to everyone, including Drs. Ordway and Goodwin.

Very sincerely,

A. M. RABINER.

Editorial

But what do you say, Socrates, as to this: Is it not necessary to provide good physicians for the state? and must not these, most likely, be such who have been conversant with the greatest number of healthy and sickly people? and these, in like manner, be the best judges who have been conversant with all sorts of dispositions?

I mean now, said I, those who are very good. But do you know whom I deem to be such?

If you tell me, reply'd he.

I shall endeavour to do it, said I; but you enquire in one question about two different things.

As how? said he.

Physicians, reply'd I, would become most expert if, beginning from their infancy, they would in learning the art be conversant with the greatest number of bodies, and these the most sickly, and laboured themselves under all manner of diseases, and by natural constitution were not quite healthful; for it is not by the body, I imagine, that they cure the body (else their own bodies could at no time be admitted to be of an ill constitution), but they cure the body by the soul, which, whilst it is of an ill constitution, is not capable to perform well any cure.

The Republic of PLATO

Experimental Shock

Much has been written on the subject of shock, both from the experimental and clinical viewpoints, and the war has given a new impetus to the study of this condition. Attempts to induce shock in animals, and to analyse its causal factors, have led to a diversity of results and interpretations.

The problem has been attacked experimentally in two ways, by studies of the morphological changes in the nerve cells, particularly of the central nervous system, e.g., in the cerebellum, and by physiological investigations, as, for instance, in observations upon the involvement of the circulatory system.

In a recent paper entitled "Shock and Circulatory Failure Following Trauma" (*Am. Journ. Physiol.*, 1918, XLVI, 314), C. J. Wiggers reports important findings from experiments carried out with improved technic. He deals with the effects of injury and sensory stimulation in anesthetized dogs, upon central nervous system reactions and upon the efficiency of the circulatory system. Specifically, his object was to reinvestigate the question whether pain and trauma can produce shock in experimental animals, and, if successful, to compare the dynamics of the circulation with that following intestinal exposure. Wiggers distinguishes between "central nervous system shock" and "circulatory failure." He considered the former present when the animals lay in a relaxed state for several hours after discontinuing the anesthetic and when during this interval they failed to react to sensory stimulation. (Normal dogs recovered from prolonged—six to eight hours—ether anesthesia in less than fifteen minutes). As he states, an index to the degree of circulatory involvement is more difficult to obtain. Formerly, much reliance was placed upon the fall of mean arterial pressure as a sign of circulatory failure, but evidence has accumulated to show that "serious involvement of the circulation may be present without marked reduction of mean arterial pressure. Circulatory efficiency, as correctly emphasized by Henderson, depends primarily upon the volume of blood perfusing the organs." Wiggers was able to secure data along this line by the help of optically recording manometers by means of which he very accurately followed the fluctuations of mean arterial, venous

(right auricular) and intrathoracic pressures, together with important changes in the conformation of the curves. In this way he was able to get the "effective venous pressure," which is the algebraic sum of the right auricular and introthoracic pressures. In other words, he was able to obtain important data regarding the systolic output of the heart and the condition of the peripheral vessels. Details of the experiments must be sought in the author's paper, from which we quote the following interesting conclusions:

"A state of shock involving the central nervous system can be produced experimentally by trauma. This state may persist from two to five hours, after which recovery sets in; or it may be fatal.

"Prolonged sensory stimulation may cause a temporary depression of the functions of the central nervous system but in itself does not lead to permanent changes or death.

"'Central nervous system shock' never occurs without circulatory involvement which is always clearly indicated in optically recorded pressure curves from the arteries but is not necessarily evident in the mean pressure variations as given by the mercury manometer.

"In the milder cases of shock; i.e., in those terminating in recovery, the circulatory derangement corresponds essentially to that described as characteristic in the initial and early progressive stage of circulatory failure in abdominal shock. Optical arterial pressure tracings show that a diminished volume of blood is contained in the arterial trunks and that the peripheral flow is thereby reduced. In most instances this is solely due to a reduction of the total arterial resistance while the effective venous pressure becomes somewhat increased through the mechanical effects of prolonged deep breathing. In a few cases only was the effective venous pressure reduced somewhat and constituted the main cause of arterial depletion.

"In severe forms of shock; *i.e.*, in those terminating fatally, the initial stage in which reduced peripheral resistance plays a rôle is of short duration, the effective venous pressure falls early, reaches a low level and by reducing the cardiac discharge, is the chief cause of complete circulatory failure.

"The dynamic changes of the circulation which lead to progressive and complete circulatory failure are not essentially different in shock produced by trauma and that produced by intestinal exposure. The differences, if any, are in degree and duration of the respective phases but not in the character of the disturbance.

"Considering all the available evidence, two factors may be said to be concerned in circulatory failure accompanying shock: (*a*) the reduction of peripheral resistance; and (*b*) the fall of effective venous pressure, decreasing the systolic discharge."

The author gives tracings and tabulated data on which he bases his conclusions. He does not enter into a detailed analysis of the physiology of the circulatory reactions.

MELVIN DRESBACH.

Public Health

Edited by Arthur Sautter, M. D.

DEPARTMENT OF PUBLIC SAFETY, BUREAU OF HEALTH, ALBANY, N. Y.

COMPILED BY WILLIAM F. FULLGRAFF, REGISTRAR.

BUREAU OF VITAL STATISTICS.

DEATHS FOR MONTH OF SEPTEMBER, 1918.

Consumption	8	Bright's disease	15
Typhoid fever	1	Apoplexy	7
Scarlet fever	0	Cancer	8
Measles	0	Accidents and violence	6
Whooping cough	1	Deaths under one year	16
Grippe	2	Deaths over 70 years	39
Diarrheal diseases	7	Death rate	13.73
Pneumonia	9	Death rate less non-residents	11.57
Broncho-pneumonia	0		

Deaths in Institutions.

	Non. res.	Res.		Non. res.	Res
Albany Hospital	8	4	St. Margaret's House	0	2
Albany Hospital Camp.	0	2	Home for the Friendless	0	1
St. Peter's Hospital	4	6	Albany County Hospital	2	0
Homeopathic Hospital	6	6	Public places	0	1
Home for the Aged	2	7			
Maternity Hospital	0	3		22	33
Hospital for Incurables.	0	1			

Births	192
Still births	5

DIVISION OF COMMUNICABLE DISEASE.

Typhoid Fever	15	Tuberculosis	12
Scarlet Fever	1	Pneumonia	18
Diphtheria and Croup	4	Mumps	3
Chickenpox	8	Ophthalmia Neonatorum	1
Smallpox	0	Dysentery	2
Measles	2		
Whooping-cough	29	Total	95

Number of days quarantine for scarlet fever:

Longest..... 0 Shortest..... 0 Average..... 0

Number of days quarantine for diphtheria:

Longest..... 63 Shortest..... 63 Average..... 63

Fumigations: Rooms..... 67 Buildings..... 15

Milk bottles disinfected 30

Communicable Disease in Relation to Schools.

	Reported D. S. F. M.		Deaths D. S. F. M.
Public School No. 14.....	1	High School	1
Vincentian Institute	1		

NURSE'S REPORT.

Tuberculosis.

Living cases on record September 1, 1918.....		882
Cases reported:		
By card	9	
Dead cases by certificate.....	3	12
		894
Dead cases previously reported.....	5	
Dead cases not previously reported.....	3	
Removed	2	10
Living cases on record October 1, 1918.....		884
Total tuberculosis death certificates		8
Non-resident deaths:		0
Resident deaths		8
Visits to cases of tuberculosis.....		62
Physicians visited		4
Miscellaneous		3

LABORATORY REPORT.

Diphtheria.

Initial Positive	11	Suspicious	3
Initial Negative	128	Unsatisfactory	1
Release Positive	75		
Release Negative	133	Total	354
No growth	3		

Sputum for Tuberculosis.

Positive	22	Unsatisfactory	1
Negative	41		
Suspicious	3	Total	67

Widals.

Positive	11	Unsatisfactory	1
Negative	14		
		Total	26

Miscellaneous.

Wassermann tests	87	Dogs examined for rabies	6
Milk analyses	90		

Division of Sanitation.

Complaints	67	Reinspections	58
Inspections	37	Plumbing	9
Plumbing	5	Sanitary	49
Sanitary	32		

HEARINGS.

Hearings	4	Cases heard	4

Disposition of Cases.

Reinspection	4

Class of Cases.

Chickens	2	Privy vault	1
Manure	1		

DIVISION OF PLUMBING, DRAINAGE AND VENTILATION.

Inspections	72	Houses tested	2
Old houses	69	Blue or red	1
New houses	3	Water test	1
Permits issued	68	Houses examined	24
Plumbing	60	Re-examined	68
Building	8	Valid	15
Plans submitted	1	Without cause	9
Old buildings	1		

REMOVAL OF DEAD ANIMALS.

Horses removed	19	Cats removed	42
Dogs removed	41		
		Total	102

DIVISION OF MARKETS AND MILK.

Public market inspections ..	18	Lactometer readings	45
Milk depots inspected	15	Temperature readings	45
Stores inspected	30	Fat tests	24
Dairies inspected	99	Sediment tests	14
Milk houses inspected	99	Chemical tests	24
Milk cans inspected	202	Bacterial counts	0
Cows examined	964	Dogs examined for rabies..	7
Cows quarantined	4	Re-examinations	15
Cows removed	19	Complaints investigated	6

MISCELLANEOUS.

Cards posted for communicable disease	5	Dressings	411
Cards removed	2	Cases assigned to health physicians	45
Notices served on schools..	44	Calls made	86
Notice served on stores and factories	4	Employment certificates issued to children.....	38
Postal card returns sent to doctors	5	Garbage collected from 1st District	400 bbls.
Postal card returns received from doctors	2	Garbage collected from 2nd District	594 bbls.
Inspections and reinspections	8	Garbage collected from 3rd District	702 bbls.
Vaccinations	161		

Medical News

THE ALBANY GUILD FOR PUBLIC HEALTH NURSING.—STATISTICS FOR SEPTEMBER, 1918.—Number of new cases during month, 158. Classified as follows: Dispensary patients receiving home care, 6; district cases reported by health physicians, 0; charity cases reported by other physicians, 14; moderate income patients, 62; 12 prenatal; metropolitan patients, 63; 13 prenatal; old cases still under treatment, 47; total number of cases under nursing care during month, 246. Classification of diseases for the new cases: Medical, 47; surgical, 10; gynecological, 4; obstetrical under professional care, 72; mothers, 36; infants, 36; eye and ear, 1; skin, 2; throat and nose, 2; dental, 0; infectious diseases in the medical list, 3; surgical list, 0. Disposition: Removed to hospitals, 8; deaths, 5; discharged cured, 87; improved, 17; unimproved, 20; number of patients still remaining under care, 109.

Special Obstetrical Department.—Number of obstetricians, in charge of cases, 2; students in attendance, 0; nurses in attendance, 3; patients carried over from last month, 3; new patients during month, 31; patients discharged, 1; visits by head obstetrician, 0; by attending obstetrician,

1; by students, 0; by nurses, 12; total number of visits for this department, 13.

Visits of Nurses (all departments).—Dispensary social service, 137; number of visits with nursing treatment, 808; for professional supervision of convalescents, 1,079; total number of visits, 1,325; cases reported to the Guild by 6 health physicians, and 69 other physicians; graduate nurses 33, pupil nurses 3 on duty. Dispensary report—Number of clinics held, 69; new patients, 86; old patients, 445; total number of patients treated during month, 531. Classification of clinics held: Surgical, 6; nose and throat, 8; eye and ear, 16; skin and genito-urinary, 2; medical, 8; prenatal, 1; venereal (new), 2; lung, 7; dental, 0; nervous, 4; stomach, 0; children, 9; gynecological, 8.

Signed, F. R. Freeman, Superintendent.

The Albany Guild for Public Health Nursing.—Recently a supervising nurse, Miss Eleanor Archer, has been added to the staff who supervises all work done, the nurses thus giving to the public better supervision and more adequate nursing care with no added expense to the patient.

All but one of the staff are enrolled Red Cross members who have been issued a special service chevron by the Government. The Red Cross will not call these specially marked nurses until they are actually needed or their places can be filled by a nurse having had previous experience.

The six weeks' course in public health nursing in affiliation with the hospitals, commenced September 10, 1918, with three nurses in attendance.

Another important feature of war work being undertaken by the Guild is that of close follow-up work on all rejected tuberculosis cases from camps. By this method every man returning home is visited and placed immediately under supervision of his own physician or else referred to the tuberculosis clinic at the South End Dispensary.

National Committee for the Prevention of Blindness.—On Tuesday, November 26, 1918, 8.30 p. m. will be held the annual meeting of the National Committee for the Prevention of Blindness, in the Academy of Medicine, 17 West 43rd Street, New York City. The chief speaker of the occasion will be Lieutenant Colonel James Bordley of Baltimore, whose subject will be the Government and Red Cross work for blinded soldiers.

Lieutenant-Colonel Elting.—The promotion of Dr. Elting to a lieutent-colonelcy has been announced from Washington. Dr. Elting has been detailed to front line duty in France, and his preliminary survey of the field of his activities is given in a personal letter, part of which may be published, as follows:

"I have motored right to the front and through a lot of the country which has seen the hardest fighting of the war, and the places where the American troops have especially distinguished themselves. I have

been up under the cannon and have had the boom in my ears all day long. The devastation is quite beyond description and it is very widespread. We motored nearly all day, starting about ten and returning about six. We visited all the front line hospitals and medical establishments in this sector, and I found a number of friends and acquaintances among the staffs, so that it was quite like seeing old friends and lots of them.

"This war is interesting beyond description and the Boche has left a tremendous amount of his stuff behind, as well as lots of his soldiers. Everywhere one sees ammunition that he had stacked for future use, and everywhere evidence that he intended to stay here indefinitely, but, thank God, as you already know, he is back on the Aisne and I hope soon that we shall have him well across it.

"My orders took me to the Chateau-Thierry sector, and this will always be famous in American history, as well as that of the world, and it is wonderful to have seen it all as I have done the past few days, just as the Hun left it.

"I thought I had a fair idea of what this war-worn country looked like, but I can assure you that I could not visualize it, nor could I adequately describe it. One has to see it to fully realize just what it all looks like, and to be in this atmosphere of intense activity to appreciate just what war means.

"To-day I visited the grave of Quentin Roosevelt, up behind the lines. It is now fenced off and a cluster of roses lay on it. It is in a beautiful spot on a little bluff—a wonderful resting place for a fighter and a place to which many will make a pilgrimage in time to come. Nearby lies the remains of his plane, and I got a bit of the linen of the wings, and am enclosing it, and hope it will go through to you.

"The roads are of course very dusty, but we don't mind that. We had lunch at one of the forward medical stations, and I don't think I have ever seen so much of interest in one day before in my life. Some day I will tell you all about it. I am so glad I have had a chance to come to France and to this sector.

"On Thursday I motored out from Paris to this place, a very interesting drive and my first introduction to real war.

"I have a bed here in a large room with a number of other doctors, and the food is good. No lights are allowed at night so we cannot read or write. Light attracts the Hun on his bombing trips, and last night we had an hour of it, and it was a real racket I can tell you between his bombs and our barrage. They will probably return to-night, as they like to bomb this place. But somehow I don't worry and I slept all night after they left about midnight. Strange what one becomes accustomed to. This was my first real bombing experience and some dropped pretty near us, but I presume I shall have lots of this before the war is over.

"If I could tell you all I have seen and all I know, you would realize

how vitally important it is that all experienced surgeons possible should be here, and I do hope more will come.

"Yesterday I spent the entire day at two evacuation hospitals not far away, and saw a number of interesting things and met a lot of my old friends in the surgical profession from all over the states. I am so glad I have a wide acquaintance, for I find some one I know everywhere I go. You see, I am now simply studying all the hospitals and conditions, so as to be quite familiar with the game and in a position to render the best possible service. I am learning a lot and hope to get lots more. The days have been very warm of late, the warmest of the year, and there are no end of flies in this country, due to the many dead men and horses, and much other decomposing material. But this will not last forever."

Utilization of Platinum in Unused Instruments.—The War Industries Board issues the following request to physicians and dentists:

1. In view of the limited supply of platinum in the country and of the urgent demand for war purposes, it is requested that every doctor and dentist in the country go carefully over his instruments and pick out *every scrap of platinum* that is not absolutely essential to his work. These scraps, however small and in whatever condition, should reach Governmental sources without delay, through one of two channels:

(a) They can be given to proper accredited representatives of the Red Cross who will shortly make a canvas for that purpose.

(b) They may be sold to the Government through any bank under the supervision of the Federal Reserve Board. Such banks will receive and pay current prices for platinum.

By giving this immediate attention you will definitely aid in the war program.

2. It is recognized that certain dental and surgical instruments requiring platinum are necessary, and from time to time platinum is released for that purpose. It is hoped, however, that every physician and every dentist will use substitutes for platinum for such purposes wherever possible.

3. *You are warned* against giving your scrap platinum to anyone who calls at your office without full assurance that that individual is authorized to represent the Red Cross in the matter.

Medical Service of the Army and Navy.—Dr. Harry K. Tebbutt, Jr. (A. M. C. '16), of Albany, N. Y., has been promoted to a captaincy, and is on duty with the Medical Corps of the Twenty-seventh Division of the American Expeditionary Force in France. Captain Tebbutt served on the Mexican border with Albany troops in 1916 and had charge of a field hospital.

—Dr. John M. Griffin (A. M. C. '01), of Warrensburgh, N. Y., has received a commission in the Medical Corps of the Army and has been ordered to report for duty at Fort Oglethorpe, Georgia.

—Dr. Harry F. Van Loon (A. M. C. '10), of Albany, N. Y., has re-

ceived a commission as first lieutenant in the Medical Corps of the Army and has left for Camp Meade, Md.

—Dr. Ellis Kellert (A. M. C. '09), director of the Bender Hygienic Laboratory, Albany, N. Y., has been commissioned a first lieutenant in the Medical Corps of the Army, and has been assigned to duty at the Brady Laboratory, New Haven, Conn.

—Dr. J. Howard Branan (A. M. C. '03), of Albany, N. Y., has received a lieutenant's commission, and has reported for duty as assistant surgeon at the Naval Hospital at Hampton Roads, Va.

—Dr. E. Gerald Griffin (A. M. C. '01), of Denver, Colo., has received his commission as captain in the Medical Reserve Corps, and has been assigned to duty with Base Hospital No. 108 at Camp Crane, Allentown, Pa.

—Dr. Robert L. Ellithorp (A. M. C. '97), of Gloversville, N. Y., has received his commission as captain in the Medical Reserve Corps, and has been ordered to report for duty at Camp Oglethorpe, Georgia.

—Dr. Edward A. Stapleton (A. M. C. '04), of Albany, N. Y., has received his commission as captain in the Medical Corps of the Army, and has been assigned to duty at Columbia, S. C. Dr. Stapleton had already served at home as examiner of a local draft board.

—Dr. Burton G. McKillip (A. M. C. '09), of Gloversville, N. Y., has received his commission as captain in the Medical Corps of the Army, and has reported for duty at Newport, R. I.

—Dr. John E. Canfield (A. M. C. '03), of Herkimer, N. Y., has received his commission as captain in the Medical Corps of the Army, and has been assigned to duty at Fort Oglethorpe, Georgia.

—Dr. Frederick M. Barney (A. M. C. '88), of Dolgeville, N. Y., commissioned as captain, is a member of the Medical Corps and is now stationed at the Base Hospital at Camp Upton, N. Y.

—Dr. E. J. Riley (A. M. C. '06), of Rensselaer, a member of Evacuation Hospital 24, with the American forces in France, has been promoted from the rank of captain to that of major.

Personal.—Married.—Dr. John E. Canfield (A. M. C. '03), of Herkimer, N. Y., and Miss Gertrude Lester, of Utica, N. Y., were married on November 5, 1918. The bride is a daughter of Mr. and Mrs. George Lester, of Malone, N. Y., and a graduate of the Nurses' Training School of the Utica Hospital. Dr. and Mrs. Canfield will reside for the present at Fort Oglethorpe, Georgia, where Dr. Canfield is stationed in the medical service of the Army.

Died.—Dr. Ira Conduit Whitehead, Jr. (A. M. C. '12), died at his home in Hoosick Falls, N. Y., October 28, 1918.

—Dr. Myron E. Stephens (A. M. C. '88), died at his home at Gardiner, N. Y., October 29, 1918, of epidemic influenza, aged 55. Dr. Stephens, as local health officer, was engaged in a vigorous effort to control the disease to which he succumbed.

In Memoriam

★Arthur H. Wheeler, M. D.

First Lieutenant Arthur H. Wheeler of Troy, an officer of the medical Reserve Corps, died October 27, 1918, at Camp Kearney, Cal. His death was caused by pneumonia, which followed influenza.

Lieutenant Wheeler was a native of Troy and during the time he attended the Troy High School was active in athletics. He was considered one of the fastest track runners in this section of the state. After his graduation from the high school he was engaged in newspaper work in Troy, and later entered the Albany Medical College, of which he was a graduate with the Class of 1912.

In June, 1917, he enlisted in the Medical Reserve Corps and was sent to Fort Benjamin Harrison, Indiana, for training. From there he was ordered to San Francisco to embark for service in Russia and Siberia, but owing to some troubles in the latter countries his vessel was ordered home and he was sent to Cedro Wooley, Washington, for service. There he had medical charge of three camps of army foresters. While he was on duty at Cedro Wooley he met Miss Ada M. Herrick, an Albany nurse, who was also on duty there, whom he married.

After being stationed in Washington for some time he was transferred to a cavalry camp in Arizona, and later was ordered to Camp Kearney. During the last month he was doing excellent work in the influenza epidemic which prevailed in the camp, and in his letters home spoke about the great number of cases and of the quarantine which had been established. He was later seized with the disease and was ill only a short time.

Lieutenant Wheeler was the son of Dr. M. Arthur Wheeler (A. M. C. '84), and is survived by his wife, his parents and four sisters, Elsie, Ruth and Frances Wheeler of Troy, and Mrs. George Sanford of Albany, and one brother, C. Clark Wheeler, who is with the motor truck division of the American Army in France.

★Eugene F. Hull, M. D.

Dr. Eugene F. Hull of Berlin, N. Y., died of pneumonia at Little Rock, Arkansas, on October 18, 1918, while in army service. Dr. Hull was thirty years of age, and had been on duty as first lieutenant since July 15, 1918. He was an alumnus of the Albany Medical College, in the Class of 1913. He is survived by his wife, a son, a sister, and three brothers. Dr. Hull was active in Masonic circles and was a member of the Rensselaer County Medical Society.

William F. Conway, M. D.

After an illness of one week, Dr. William F. Conway, one of Albany's most promising physicians, died on November 1, 1918, at his home, 530

Madison avenue. Pneumonia, which developed after an attack of influenza, caused his death. Dr. Conway was a martyr to his duties. He contracted the disease while attending numerous cases of influenza. He was a specialist in the treatment of diseases of the eye, ear and throat, but when the epidemic broke out and the doctors of the city were overworked, Dr. Conway left his office to help the sufferers. In one case, that of a poor girl, Dr. Conway, knowing that an operation would relieve her suffering, took her to the hospital and performed the operation. It was on this case, it is believed, that he contracted the disease.

He is survived by his wife, who before marriage was Miss Lucy McCormick; a daughter, Margery; a son, William; his father, Michael F. Conway, yardmaster in the West Albany yards; a brother, John Conway, of the state comptroller's office; a sister, Miss Rea Conway; brother-in-law, Dr. Edward McCormick, and several sisters-in-law.

Dr. Conway was born in Albany thirty-one years ago and graduated from the Albany public and high schools, St. Joseph's Academy and from the Albany Medical College. He graduated from St. Joseph's in the class of 1903 and from the Medical College in 1909. He then entered the Homeopathic Hospital as an interne and later took up the specialty of eye, ear and throat treatment, graduating from the New York School of Ophthalmology. For a year he was house surgeon at the New York Eye and Ear Infirmary.

He was president of the Alpha Gamma Chapter of the Phi Delta Fraternity, now amalgamated with Kappa Psi, the largest medical fraternity in the country; was valedictorian of his class at the Albany Medical College, and president in his sophomore year.

Dr. Conway came back to Albany in 1911 and began his practice as a specialist. He was a prominent member of the Elks and Knights of Columbus, and was well known in Catholic circles. For several years he had been a staff physician at the Brady Maternity Hospital. He attended the children at the St. Vincent Female Orphan Asylum, this being one of his many acts of charity.

Lewis Webster Burdick, M. D.

Dr. Lewis W. Burdick, an alumnus of the Albany Medical College of the Class of 1913, died at the Fox Memorial Hospital, Oneonta, October 21, 1918, of pneumonia following epidemic influenza. Dr. Burdick had practiced at Maryland, N. Y., since graduation. He is survived by his mother and one brother who is in service in France.

Current Medical Literature

REVIEWS AND NOTICES OF BOOKS

Principles of General Physiology. W. M. Bayliss, Professor of General Physiology, University College, London. Longmans, Green and Co. 1918, 8 vo., 858 pp.

In 1915 Professor Bayliss brought out the first edition of his book, under the above title. The fact that in less than three years we have the second edition is evidence of the encouragement the author has had from biologists. In this line of endeavor the only comparable work is the well-known one of Verworn, whose "Allgemeine Physiologie" has gone through six editions from 1894 till 1915; of these the second edition only has been translated into English. The two books are written on entirely different plans, however. Although both deal necessarily with the same fundamental problems, Verworn confines his discussion particularly to the general physiology of the cell, whereas Bayliss' work embraces much of the physiology of the anatomical systems, including those of man, as, for example, in his chapters on respiration and circulation.

It is significant, as the author states in his preface, that, because of the interference by the war with the work of investigators, the task of revision has not been onerous. The deplorable injury done to science in general by the war needs no comment here. It is fortunate that Prof. Bayliss has been able to continue his work in the midst of such trying times.

The general character of this text has not been altered in the second edition. Though considerable new material has been added, the size of the book has not been appreciably increased. There are 858 pages and twenty-four chapters. The extensive bibliography has been increased materially and brought down to 1917 in a number of instances. We note, for example, the incorporation of Sherrington's views on tonus; Gaskel's ideas on the autonomic nervous system, Cushney's work on the secretion of urine; Carlson's observations on the subject of hunger, and much other recent work, though necessarily some important papers have been omitted.

The book, as a work of reference, contains a great mass of valuable information on biologic subjects, arranged in a logical manner by one qualified by broad knowledge and experience as an investigator and teacher. Such a treatise serves a useful purpose, in these days of specialization and short monographs. It is a work to which the reader can turn with satisfaction for general information on the subject of the life processes. M. D.

VOL. XXXIX DECEMBER, 1918 No. 12

ALBANY MEDICAL ANNALS

Original Communications

REPORT OF A FEW CASES OF PSYCHIATRIC INTEREST.

Read before the St. Lawrence County Medical Society, October 1, 1918.

BY HUGH S. GREGORY, M. D.,

Senior Assistant Physician, St. Lawrence State Hospital, Ogdensburg, N. Y.

In these cases much that has no bearing on the points which I wish to bring out has been eliminated so they are not to be considered as complete reports but merely as examples of psychiatric problems which have come up since the Wassermann test has been performed in this hospital. Not all of them are unusual cases. They are, rather, representative of types which are frequently admitted but have some points of interest which will perhaps be worth while mentioning here tonight. In these reports and discussions I am endeavoring to make it plain where we make mistakes in studying our cases as well as to mention the points concerning which we are presumably correct.

Case I.—H. E. M. Admitted May 22, 1918. F. H. Irrelevant. P. H. Male, age 43, married. Seven children. Wife had no miscarriages. Moderate beer drinker. Mail clerk. Successful. Said to have been in a "run-down condition" for past year. About six months before admission was sick in bed for six weeks with acute rheumatic fever. Ever since then had been despondent. Staggered while walking and often fell. Lost control of organic functions. In this case there was a vague history of possible syphilitic infection about twenty years previous. About three weeks before admission felt weak. Made mistakes in distributing mail. Stole articles from his fellow workmen and showed a general dilapidation of personality. For the past four days before admission was confused. Attempted to assault. Talked in a rambling manner.

It is stated that he had convulsions. Expressed ideas of grandeur such as that he owned much property, bonds, etc. Physically, was unable to walk or stand except with great difficulty. Pupils were dilated but reacted to light and accommodation. There was marked exaggeration of his deep reflexes. No Babinski or ankle clonus. Slurred over test phrases. Mentally was profane, completely disoriented and memory was defective. Attempted to strike examiner. Cooperated poorly in all tests. Because of this general dilapidation of personality, blunting of normal sense, vague history of syphilitic infection many years previous, exaggeration of deep reflexes, slurring over test phrases, etc., a tentative diagnosis of paresis was made. In the course of routine examinations in the laboratory, the blood and spinal fluid were examined with the following results: Cerebrospinal fluid showed a cell count of only 4 and globulin not increased. Fluid Wassermann negative and serum Wassermann negative. As a case of paresis with negative Wassermann of both fluid and serum and no evidence of meningeal inflammation would be practically an impossibility the case had to be studied further. Pellagra was next thought of and a careful examination was made to see if there were any manifestations of this disease but none were present. Three weeks following admission however he showed beginning development of the characteristic pellagra skin rash. Muscular twitchings also developed and the muscles were tense and spastic. He was placed upon the usual pellagra diet and seemed to improve slightly for a day or two but then failed rapidly and died the fifth day following the change of diet. Autopsy was refused.

Discussion: This case showed practically all the symptoms of paresis except the Argyll-Robertson pupils. However the examination of the spinal fluid and blood showed that paresis could not be present. No symptoms of pellagra had at first developed except the ataxia which is always suspicious in the presence of exaggerated knee jerks, but we did not prove our diagnosis until three weeks after admission when the skin symptoms of pellagra developed. This case showed very rapid decline and treatment was of no avail but serves to indicate the marked similarity between paresis and an incipient case of the so-called nervous type of pellagra. Both show what is called by Hoch, the "mental tension defect" and often have many symptoms in common.

Case II.—A. D. Admitted November 13, 1915. F. H. Negative except that a third cousin on the mother's side was insane. P. H. Male age 27. Single. Farm laborer. Used alcohol slightly but no drugs. In July, 1915, was infected with syphilis. About four months later began to suffer with severe frontal headaches which came on every

afternoon. It was stated that he was very restless and nervous, that the pains almost drove him wild and that he would become very active at times, singing and yelling at the top of his voice. After three or four weeks of this distress he came to the hospital and on admission was found to have a temperature of 102°. This however subsided in a few days. His pupils were found to react normally. Knee jerks were slightly increased. He repeated test phrases well. Showed a secondary rash of syphilis over the back. There was a scar of the initial infection on the penis and a few papules were found on the scrotum. The inguinal and posterior cervical glands were enlarged. On November 22, 1915, serological examination revealed the following data: The cerebro spinal fluid was very turbid and showed the presence of products of meningeal inflammation amounting almost to a dilute solution of pus. Cell count, 333 per cubic millimeter. Globulin increased. Gold Sol test showed slight precipitation in 5th to 8th tubes. Fluid Wassermann, 1 plus. Serum Wassermann, 1 plus. Culture proved to be bacteriologically sterile on ordinary media. He received three doses of neosalvarsan intravenously about two weeks apart and on January 17th a second serological examination was made. The fluid showed only faint turbidity. Cell count had dropped to 75 cells but much cellular detritus was noticeable in microscopic preparation. Globulin was only slightly increased. The Gold Sol test was negative. Fluid Wassermann negative. Serum Wassermann negative. He was discharged January 20th, recovered so far as mental symptoms were concerned and greatly improved physically, skin rash having subsided.

Discussion: To me the points of interest in this case are the severe meningitis occurring only four months after initial infection and the prompt improvement following neosalvarsan administration, although the pleocytosis had been unusually high. It is a matter of conjecture as to just when infection of the central nervous system occurs in syphilitic cases but this case would seem to indicate quite definitely that it may occur coincident with the secondary manifestations.

Case III.—W. C. B. Admitted July 28, 1915. F. H. Brother said to have had an attack of mental trouble, nature unknown. P. H. Male, age 53. Married twice. Janitor of a public school. Temperate. Hard worker. Energetic. Socially inclined. *Onset of Psychosis:* About three months before admission worried over past sexual conduct. Said that he had been intimate with a woman ten years previously and contracted syphilis. Was depressed. Thought something was wrong with his bowels and complained of trouble with his head. Said he had lost his manhood and that this was at the bottom of his troubles. A week before admission

would not eat. Became excited at times. Unable to work. Slept poorly. Threatened suicide. When examined here was emotional. Said he had sinned against God and that God would not forgive him. Moaned frequently and was very agitated. His orientation was good and memory showed no impairment. School knowledge was well retained and there were no symptoms which would point to any diagnosis but Involution Melacholia, which diagnosis was made. Physically, there was no evidence of any organic lesion. The routine examination of the blood however showed a 4 plus Wassermann and cerebro-spinal fluid examination showed a cell count of 151, globulin slightly increased and Wassermann of fluid 4 plus. In fact here was a typical picture of the serological findings in parenchymatous nervous syphilis with none of the physical or mental symptoms. He was given four intraspinous injections of mercurialized serum at fortnightly intervals and also received mercurial inunctions. At the end of this treatment another serological examination revealed the cell count only 48, globulin was still slightly increased, fluid Wassermann now negative and the serum Wassermann only 1 plus. Mentally he showed some improvement and was allowed to return home on October 21, 1915. There improvement continued. He gained 50 pounds in weight and made what seemed to be a complete recovery from his Involution Melancholia.

Discussion: Here is a case with evidence of an early syphilitic infection of the cerebro-spinal axis but too early for symptoms to develop. However, as in many other cases, it would seem that the beginning inflammation weakened his ability to adapt himself to his environment and he broke down with a psychosis peculiar to that decade of life (Involution Melancholia). The involution picture was so characteristic that there was no question as to the diagnosis. Upon vigorous treatment the syphilitic condition was markedly improved and we see a prompt and apparently complete recovery from the mental condition, even though involution melancholia is generally of quite long duration. Whether or not he will later develop paresis is problematical but quite probable. He did not receive as many intraspinous injections as was desirable because he objected to the pain which they caused, but for a long time has been apparently in a normal condition. It is not infrequent to find a beginning organic condition of the brain without the symptoms of that condition but with the symptoms of a purely psychogenetic reaction. This is apt to lead to confusion unless we consider that such a person's mental adjustment is presumably a very delicate one and it only

needs the anatomical alteration of the brain to throw off this mental balance and bring out that form of psychoses which the mental makeup of the individual makes most probable. Months or years later he may break down with a purely organic reaction.

Case IV.—T. J. B. Admitted October 22, 1917. F. H. Negative. P. H. Male, age 34. Born in England. Brick layer. Married. Stated that he had a chancroid in 1908. Used alcohol to the extent of a glass of beer a day. Wife had one child and no miscarriages. *Onset of psychosis:* In June, 1917, while working on an elevator some 90 feet high the platform on which he stood gave way and he had to hang by a rope for twenty minutes before being rescued. Was completely exhausted and slept for two hours. The strain proved to be a great shock to him. Since then he failed physically and a change was also noticed in his mental condition. He became more and more irritable, imagining that everybody was against him. He kept at his work however until five days before admission when he became very violent. Kicked his wife and daughter out of doors and threatened to shoot them. He worked part of the following day, then went to a saloon and became intoxicated. Was very active. It took four men to handle him and he was taken to jail. On admission here was very talkative and violent. Assaulted attendants and patients. Paced the floor. Was very grandiose in his delusional trend. Showed flight and distractability. There seemed to be no impairment in his memory although it was hard to determine this exactly as he did not cooperate well. No evidence however was elicited of any organic brain symptoms. Physically, pupils reacted to light and accommodation, reflexes were normal but inguinal glands were enlarged. The serum Wassermann was doubtful. The spinal fluid showed a cell count of 7, globulin moderately increased and fluid Wassermann 4 plus. He received rigid anti-syphilitic treatment by inunctions of mercury. About two weeks following admission he improved both physically and mentally and was less active. By the end of another week his improvement was very marked and three weeks later was practically normal. February 16, 1918, he was discharged recovered at the end of a six months parole. Diagnosis, Manic Depressive, Manic.

Discussion: This case like the former one showed what apparently was a purely psychogenetic psychosis, arising upon a syphilitic basis which tipped the scales the wrong way in a man who was perhaps poorly adjusted to life. He developed a psychosis which was not one that you would expect in a syphilitic nervous condition, but upon rigid anti-syphilitic treatment his psychosis (non-syphilitic) is recovered from.

Case V.—F. E. R. Readmitted January 25, 1916. F. H. Maternal grandfather, maternal granduncle, maternal uncle and father were insane. P. H. Male. 45 years of age. As a boy bright and wilful and difficult to control. When quite young began reading books on occult subjects and was always interested in the mysterious and supernatural. Was a traveling salesman for ten years and then for five years was on the stage as a professional hypnotist. Since then he obtained his living as a clairvoyant. Claimed extraordinary power over the actions of others. Said he could perform the miracles that Christ performed and talked about going to organize a city after the manner of Dowie. About nine years ago began taking drugs. He was twice married. Had one child by the second wife. No history of either wife having had miscarriages. On his first admission September 2, 1912, he was emotional. Wept much. Was earnest and eager to expound his theories. Jumped from topic to topic, but his conversation was never disconnected. At times he was over active. Ten months later he was discharged very much improved from apparently a manic psychosis. Again worked as a clairvoyant and in 1915 he opened a parlor in O———. Shortly before admission began to give money away on the streets. Gave about $800 in gold pieces to passers-by. Was readmitted January 26, 1916. Showed flight and distractability. Was restless, talkative and commented on everything. Showed no evidence of an organic condition. He was well oriented. Memory unimpaired. Physically there was nothing abnormal except active knee jerks. Serum Wassermann was negative. As his diagnosis seemed typically manic and his serum Wassermann was negative it was not thought necessary to examine the cerebrospinal fluid. However, subsequent symptoms proved that a puncture would have enlightened us considerably as in March, 1918, it was noticed that he became very grandiose. Stated that he had been in many battles, traveled all over the world, been a general, etc., so a second serum Wassermann was performed and found weakly positive. He soon developed a left-sided hemiplegia which made it evident that he had some organic brain involvement. Cerebrospinal fluid examination showed a cell count of 73 with greatly increased globulin and a 4 plus Wassermann. He failed gradually and died August 1. At autopsy brain was found to be characteristically that of a paretic.

Discussion: In this case we also have a man whose psychosis probably arose upon a syphilitic basis but which showed none of the characteristics of a syphilitic psychosis. Had we made an examination of the fluid we would have found abnormalities, probably even on his first admission, but there were no symptoms which made us suspicious and as his serum Wassermann was negative there seemed to be no indication for spinal fluid examination. Later in his residence here the character of his psychosis changed and from a manic form of insanity it changed

to the characteristic picture of a paretic and he developed a hemiplegia and died.

I do not claim for these cases that they represent anything that is unusual but have presented them because each teaches the necessity for a complete examination in every possible respect.

Editorial

The advice and medicine which the poorest laborer can now obtain, in disease, or after an accident, is far superior to what Henry the Eighth could have commanded. Scarcely any part of the country is out of the reach of practitioners, who are probably not so far inferior to Sir Henry Halford as they are superior to Dr. Butts. There has been a great improvement in this respect, Mr. Southey allows. Indeed he could not well have denied it. "But," says he, "the evils for which these sciences are the palliative, have increased since the time of the Druids, in a proportion that heavily outweighs the benefit of improved therapeutics." We know nothing either of the diseases or the remedies of the Druids. But we are quite sure that the improvement of medicine has far more than kept pace with the increase of disease during the last three centuries. This is proved by the best possible evidence. The term of human life is decidedly longer in England than in any former age, respecting which we possess any information on which we can rely. All the rants in the world about picturesque cottages and temples of Mammon will not shake this argument. No test of the physical well-being of society can be named so decisive as that which is furnished by bills of mortality. That the lives of the people of this country have been gradually lengthening during the course of several generations, is as certain as any fact in statistics; and that the lives of men should become longer and longer, while their bodily condition during life is becoming worse and worse, is utterly incredible.

Southey's Colloquies. MACAULAY.

Two Student Martyrs.

The recent epidemic of influenza made severe demands upon the medical resources of the community, felt all the more by the absence of many physicians in the military service of the country. In Albany every department of the hospitals and the College abandoned routine work and adapted their organizations to the urgent needs

of the crisis. Under the direction of Dean Ordway, assisted by the Faculty of the College, the students were assigned to posts of activity, in the wards not only of Albany institutions, but in hospitals of neighboring cities, and these young men engaged in this unusual and exacting work with the characteristic energy and abandon of youth. Two undergraduates contracted the disease and died. Their friends and teachers appreciate the sacrifice they have made and publish this testimonial to their devotion to their chosen profession, that their names may be inscribed upon the honor roll of their *alma mater*.

LLOYD EDWARD MILLER.

LLOYD EDWARD MILLER, 1919, was born at Warsaw, N. Y., January 18, 1894. Received his preliminary education in the Warsaw High School 1910-1914; and took one year of premedical work at the University of Alberta, Province of Alberta, Canada. In 1915 he entered the Albany Medical College. He was a member of Nu Sigma Nu fraternity. During this past summer he acted as interne at the County Hospital, Albany. During the recent influenza epidemic Mr. Miller, as a member of the fourth year class and the S. A. T. C., was assigned to ward work in Pavilion G. On October 20th, he felt the first symptoms of the disease and was admitted on the medical service of the Albany Hospital and put to bed. Despite all efforts on the part of the service he succumbed to influenzal pneumonia on October 31, 1918. Military funeral in St. Paul's Church. Interred at Warsaw, N. Y.

GEORGE OTIS GILMAN,

GEORGE OTIS GILMAN, 1920, Born at Amsterdam, N. Y., June 19, 1893. Received his high school education in Ballston. Because of extreme youth, he deferred entering college, to take up draughting at the General Electric Company shops in Schenectady, where he soon became a head draughtsman in the motor department. In 1914 he entered Union College for premedical work. Here he was elected president of the freshman class, and taken into the Phi Gamma Delta fraternity. Entered the Albany Medical College in 1915, and was elected a member of Nu Sigma Nu.

Mr. Gilman, as a member of the S. A. T. C., and a third year student, was assigned to duty at the Ellis Hospital in Schenectady. While there he developed influenza, then bronchopneumonia and expired on October 22d, two days before the orders came from Washington officially calling him into active military service.

Of both these students it must be said that each gave of himself unsparingly in the fight against the epidemic, thinking only of the crying need for medical men; each thus markedly lowered

his resistance to infection and allowed the factor of fatigue to play its important rôle in hastening the end. Each died in the Service.

In a personal letter to the families of the bereaved written by the Chief Visiting Physician of the Albany Hospital, Dr. Ordway, was this paragraph: "Though not working in France in a dressing station or hospital, though not wearing khaki and bars, nevertheless, like the medical men over there, with their self-same noble spirit, he gave his life that others might live. In this, our common bereavement, we can together be proud of his sacrifices."

An Aerial Ambulance.

The possibilities and performances of aerial transportation will soon be matters of common observation and knowledge, and appear to be now beyond the computations of even a year or two ago. People read of gigantic planes and of the enormous burdens conveyed through the air, but realization is only brought home as some friend or acquaintance is recorded among these heroes of the air. Among the pioneers is an alumnus of the Albany Medical College, Dr. George W. Beebe, of the Class of 1907, now a captain in the Medical Reserve Corps of the United States Army, on duty at Ellington Aviation Field, Texas, which is said to be the best equipped and most thoroughly organized training field for bombers in the country.

Last June there was constructed and equipped at Ellington Field a large Red Cross ambulance plane, providing for a pilot and a medical officer. It is so arranged that the turtle back directly behind the pilot's seat is removable and a regulation army stretcher fits inside the body. The surgeon occupies the second seat, which is removable, and a removable step assists in loading and unloading the patient.

An experience with this monster airship was a recent adventure of Captain Beebe's. He traveled ninety miles in eighty-five minutes to the relief of an officer with a badly broken leg. This flight is said to have been the longest recorded. The patient was placed in the compartment arranged for him, and the return trip, with a favorable wind, was made in fifty-five minutes. The patient is said to have been "so comfortable during the trip that he was asleep most of the time."

Public Health

Edited by Arthur Sautter, M. D.

Department of Public Safety, Bureau of Health, Albany, N. Y.
Bureau of Vital Statistics.

Compiled by William F. Fullgraff, Registrar.

Deaths for the Month of October, 1918.

Consumption	28	Bright's Disease	13
Typhoid Fever	4	Apoplexy	14
Scarlet Fever	0	Cancer	13
Measles	0	Accidents and Violence	9
Whooping Cough	4	Deaths under 1 year	37
Grippe	420	Deaths over 70 years	47
Diarrheal Diseases	6	Death rate	71.34
Pneumonia	62	Death rate, less non-res	63.60
Broncho Pneumonia	30		

Deaths in Institutions.

	Non-res.	Res.		Non-res.	Res.
Albany Hospital	27	131	Public Places	3	0
Albany Hospital Camp	0	7	St. Margaret's House	4	0
Child's Hospital	1	0	St. Peter's Hospital	10	39
County Hospital	4	1	Maternity Hospital	1	2
Homeopathic Hospital	12	35	Fed'tion of Labor Camp	1	0
Hospital for Incurables	0	1	Training Infirmary	6	0
Home for Aged	0	5			
Penitentiary	1	0		70	221

Births	204
Still births	14

Division of Communicable Disease.

Typhoid Fever	4	Tuberculosis	24
Scarlet Fever	0	Pneumonia	475
Diphtheria and Croup	9	Mumps	4
Chickenpox	6	Puerperal Septicaemia	1
Smallpox	0	Influenza	7,091
Measles	0		
Whooping-cough	21	Total	7,635

Number of days quarantine for scarlet fever:
Longest..... 0 Shortest..... 0 Average..... 0
Number of days quarantine for diphtheria:
Longest..... 66 Shortest..... 14 Average..... 31⅔
Fumigations: Rooms..... 469 Buildings..... 65
Milk bottles disinfected 121

Communicable Disease in Relation to Schools.

	Reported D.
Public School No. 14	1
Vincentian Institute	1

NURSE'S REPORT.

Tuberculosis.

Living cases on record October 1, 1918		884
Cases reported:		
By card	14	
Dead cases by certificate	10	24
		908
Dead cases previously reported	18	
Dead cases not previously reported	10	
Removed	1	29
Living cases on record November 1, 1918		879
Total tuberculosis death certificates		28
Non-resident deaths:		
Albany Hospital Camp	1	
St. Margaret's Home	2	
Albany Hospital	2	
Homeopathic Hospital	1	6
Resident deaths		22
Visits to cases of tuberculosis		20
Visits to cases of influenza		44
Miscellaneous		14

LABORATORY REPORT.

Diphtheria.

Initial Positive	12	Suspicious	1
Initial Negative	105	Unsatisfactory	15
Release Positive	19		
Release Negative	160	Total	312

Sputum for Tuberculosis.

Positive	26	Suspicious	4
Negative	34		
		Total	64

Widals.

Positive	2	Unsatisfactory	1
Negative	9		
		Total	12

Miscellaneous.

Wassermann tests	48	Milk analyses	78

Division of Sanitation.

Complaints	81	Reinspections	53
Inspections	69	Plumbing	5
Plumbing	4	Sanitary	48
Sanitary	65		

HEARINGS.

Hearings	0

DIVISION OF PLUMBING, DRAINAGE AND VENTILATION.

Inspections	79	New buildings	3
Old houses	65	Houses tested	3
New houses	14	Water test	3
Permits issued	69	Houses examined	29
Plumbing	67	Re-examined	51
Building	2	Valid	19
Plans submitted	6	Without cause	10
Old buildings	3		

REPORT OF REMOVAL OF DEAD ANIMALS.

Horses removed	24	Cats removed	70
Dogs removed	46		
		Total	140

DIVISION OF MARKETS AND MILK.

Public market inspections	19	Milk cans inspected	454
Milk depots inspected	14	Lactometer readings	84
Stores inspected	20	Temperature readings	84

MISCELLANEOUS.

Cards posted for communicable disease	9	Dressings	75
Cards removed	3	Cases assigned to health physicians	88
Notices served on schools	40	Calls made	280
Notices served on stores and factories	5	Employment certificates issued to children	21
Postal card returns sent to doctors	9	Garbage collected from 1st district	386 bbls.
Postal card returns received from doctors	3	Garbage collected from 2nd district	277 bbls.
Inspections and reinspections	9	Garbage collected from 3rd district	434 bbls.
Vaccinations	18		

Medical News

ALBANY GUILD FOR PUBLIC HEALTH NURSING.—STATISTICS FOR NOVEMBER, 1918.—Number of cases during month, 466; classified as follows: Dispensary patients receiving home care, 0; district cases reported by health physicians, charity cases reported by other physicians, 159; moderate income patients, 145; metropolitan patients, 158; old cases still under treatment, 6; total number of cases under nursing care during month, 472. Classification of diseases for the new cases: Medical, 414; surgical, 13; gynecological, 2; obstetrical under professional care, mothers, 39; infants, 32; pre-natal, 7; eyes and ear, 4; skin, 0; throat and nose, 0; dental, 0; infectious diseases in the medical list, 255; infectious diseases in the surgical list, 0. Disposition: Removed to hospitals, 16; deaths, 227; discharged cured, 121; discharged improved, 294; discharged unimproved, 16; number of patients still remaining under care, 33.

Special Obstetrical Department.—Number of obstetricians in charge of cases, 32; number of students in attendance, 0; number of nurses in attendance, 32; number of patients carried over from last month, 39; number of new patients during month, 23; number of patients discharged, 39; number of visits by head obstetrician, 0; number of visits by the attending obstetrician, 0; number of visits by students, 0; number of visits by nurses, 359; total number of visits for this department, 359.

Visits of Nurses (all departments).—Number of visits with nursing treatment, 2,975; for professional supervision of convalescents, 291; total number of visits, 3,266; cases reported to the Guild by health physicians, 10, and 76 other physicians; graduated nurses, 9; pupil nurses on duty, 0.

Dispensary Report.—Number of clinics held, 42; number of new patients, 82; number of old patients, 220; total number of patients treated during month, 302. Classification of clinics held: Surgical, 7; nose and throat, 17; eye and ear, 141; skin and genito-urinary, venereal, 75; medical, 69; lung, 7; dental, 0; nervous, 4; stomach, 0; children, 14; gynecological, 6;.

THE MEDICAL REVIEW OF REVIEWS announces that it has just purchased the third oldest medical journal in America—*the Buffalo Medical Journal*—founded seventy-four years ago by Dr. Austin Flint, and published regularly ever since. The *Medical Review of Reviews* is to absorb the *Buffalo Medical Journal*, beginning with its January 1919 issue. This is the third publication which the *Review* has purchased during the past few years. *The Medical Review of Reviews* further announces that it will be greatly increased in size beginning with the January 1919 issue, but that the subscription price is not to be increased.

MEDICAL SERVICE OF THE ARMY. WOUNDED.—Dr. FREDERICK VOSBURGH (A. M. C. '15), a lieutenant of the Medical Reserve Corps, of Cobleskill,

is in a base hospital in France with a bullet wound in his left arm near the shoulder. Dr. Vosburgh was attached to the 79th Division in northern France and was hit by a machine gun bullet while on duty on the front line. After graduating Dr. Vosburgh served one year as interne at St. Peter's Hospital, and was a practicing physician at Standish, N. Y., when he enlisted in the army.

—Dr. Frank H. Hurst, Captain (A. M. C. '95), of Guilderland, N. Y., is in hospital in France, suffering from the effects of a gas attack by the enemy. His condition has been serious but is improving.

—Dr. Erastus Corning (A. M. C., '07), in charge of Base Hospital No. 33, U. S. A., stationed at Portsmouth, England, has been promoted to the rank of Lieutenant-Colonel.

—Dr. Dean W. Jennings (A. M. C., '07) of Catskill, N. Y., who recently enlisted in the Medical Reserve Corps with the rank of first lieutenant, has received his discharge and has returned home from Camp Sevier, Greenville, S. C.

No More Physicians to be Commissioned in the Medical Corps.—At ten o'clock on the morning of November 11th, the War Department discontinued the commissioning of physicians in the Medical Corps. This condition, in all probability, is permanent and no further consideration will be given applicants for a commission in the Medical Corps until further notice.

Personal.—Dr. Walter G. Murphy (A. M. C., '90) of Hartford, Conn., has returned home after a year of infant welfare work in Paris. While in France more than ten thousand babies were under the care of Dr. Murphy. At the time of the battle of Chateau-Thierry, on July 18, 1918, all nurses under Dr. Murphy were summoned by the Red Cross to care for the American wounded.

Child Welfare Campaign.—The Children's Bureau of the United States Department of Labor has issued the following plan:

In cooperation with the Woman's Committee of the Council of National Defense, and therefore with the principal woman's organizations of the country, the Children's Bureau is preparing plans for a *child welfare campaign for the second year of the war.* The first aim of the campaign will be to secure the Public Protection of Maternity and Infancy.

Public health authorities agree that one-half the deaths of infants are easily preventable, and that if children were well born and well cared for there would be practically no deaths of babies. Three hundred thousand American children under five die each year. Authorities also tell us that most of the fifteen thousand mothers who died last year died needlessly.

It is the plan of the Children's Bureau to save a certain definite proportion of these lives. It is believed that one hundred thousand lives can be saved this year notwithstanding the withdrawal of a large proportion of doctors and nurses for war service.

The State councils of defense and the State women's committees are called upon to be responsible for the State quotas. The actual methods by which those lives are to be saved are those whose effectiveness in saving children's lives is already demonstrated. They are described at length in various pamphlets which have been prepared by the Children's Bureau.

Briefly the methods are as follows:

First. The registration of births so that there may be an immediate record of every child born; and nursing and medical skill may be provided wherever family income does not permit its being secured independently.

Second. For every mother prenatal care, necessary care, of doctor and public nurse at confinement, and after care.

Third. Children's conferences where well babies can be taken periodically to be weighed and examined, and clinics where sick children may be given medical advice.

Fourth. The organization of State and city divisions or bureaus of child hygiene.

Fifth. The guarding of the milk supply, that every child may have his quota of clean, pure milk.

Sixth. An income making possible decent living standards.

In 1916 and in 1917 a nation-wide baby week was held under the auspices of the General Federation of Women's Clubs and the Children's Bureau which has resulted in awakening a new sense of civic responsibility for infant life in thousands of localities, and has secured many new activities such as nursing services, clinics, children's conferences, better milk and food supplies, better enforcement of birth registration laws.

In many communities the Baby Week celebrations have cost large sums, in others the Baby Week has proved an exceedingly effective means of awakening permanent interest at little or no expense.

Valuable as Baby Week is, however, the present emergency demands a longer and more comprehensive program. After the Nation's soldiers are provided for, the second year of the war should be dedicated by the civilian population to preserving the lives of the Nation's children. Is there any greater patriotic duty for the civilian population than to safeguard the welfare of the Nation's children?

Hence this year the plan is simpler and yet more far-reaching than ever before. It should be far more effective because through the women's committees not only the General Federation of Clubs but all the great women's organizations of the country will lend their cooperation.

Economy in unnecessary expenditures so as to save for essentials should characterize all work this year.

It is known that the examinations of the draft have resulted in a considerable number of rejections for physical defects which might have been remedied in infancy or early childhood if then recognized. Weight and height constitute on the whole a fair standard of development; how do the young children of the United States measure up to such a standard?

As a test of child welfare, to inaugurate the Children's Year which begins on April 6, the anniversary of the declaration of war by the United States, a nation-wide weighing and measuring of babies and children of pre-school age is proposed. No general test of children of pre-school age has ever been made, and an examination of such children with special reference to weight and height is now proposed as the primary feature of the war time Children's Year.

The Children's Bureau will provide a record card which will be arranged in duplicate so that one-half can be sent in to the Children's Bureau and one-half kept by the parents. The record will be filled out by trained physicians and nurses in many places, but if parents can not take their children to an examining station they can secure cards and make the record themselves. The record card will show the fair standard for children of a given age and parents can judge for themselves where their children stand. Should there be any great divergence from this standard it is a warning that the children's health should be given medical consideration or should be carefully looked after. The records will all be gathered and tabulated by the Bureau. The weighing and measuring experiment can be conducted with little or no expense.

Weighing and measuring should begin as soon as possible after the sixth day of April, and should be concluded within sixty days. It has been suggested that where Baby Week celebrations of any sort are to be held the last six days of this period, being the first six days of June, should be taken for Baby Week. Such celebrations as are held, will, it is hoped, especially emphasize the need of public health nurses and of special protection for young infants against the various dangers of summer heat.

One of the most remarkable developments of the war, a victory not heralded on front pages, yet which in time to come will be noted by all students of human welfare is the saving of infant life in England during the second year of the war. The report of the Chief Medical Officer of the Local Government Board, Sir Arthur Newsholme, published in 1917, shows for one sanitary district after another throughout England and Wales the number of babies who died before the war, those who died the first year of the war and the deaths for the second year of the war, 1916.

It is startling to turn over the pages of this report and to see that the general social confusion of the first year of the war resulted in a large increase in the number of babies who died. But in the second year of the war when the local government board was enabled to grant financial aid to the various sanitary districts and to secure cooperation in its policy

of health visitors for every mother and baby, of health centers for consultation, of hospital care for sick mothers and babies, the rate went down not only far below the rate for the year before, but far below the rate previous to the war.

This record of life saving in the midst of the strain of war by means so simple and so at command is entirely without parallel.

Although the United States now lacks the machinery for such Federal Aid as England was enabled to grant a local work it has power enough locally to make a very creditable showing, and, it may be hoped, to pave the way for such Governmental provision as will enable the United States to show the even greater salvage which its unexhausted condition makes possible.

In Memoriam

William B. Melick, M. D.

Dr. William B. Melick, of Fort Edward, died in New York City on November 8, 1918. He is survived by his wife, who was by his bedside when he died; a daughter, Mrs. Clarence Collins of Bellows Falls, Vt., and two sisters, Miss Mathilda and Miss Ella Melick of Glens Falls.

Dr. Melick was born in Albany and was a graduate of the Albany Medical College in the Class of 1884. Previous to that he was graduated from Williams College with the degree of A. B. After he had finished his course in the Medical College he took an eighteen months' course in St. Peter's Hospital, Albany, and from there went to Fort Edward to practice his profession. He was a member of the vestry of St. James' church and of the board of education. For many years he was a member of the board of censors of the Washington County Medical Society and had been its president and vice-president. He was a member of the Glens Falls, Hudson Falls and Fort Edward Medical Society, and of the Saratoga Medical Society. He was chairman of the board of the committee on registration of the Medical Society of Washington County and for several years was coroner.

Dr. Melick was a member of the Blue Lodge, Knights Templar, Calvary Commandery 69, and of the Nobles of the Mystic Shrine of Troy.

Current Medical Literature

PEDIATRICS

Congenital Atresia of Small Intestine.—Dr. Frank Vander Bogert, who is in charge of the department of pediatrics during the absence of Dr. Shaw in military service, in the January issue of *Archives of Pediatrics* describes the fourth case of congenital atresia in which there was complete obstruction, the small intestine being probably twenty-five inches above the ileo-cecal valve. There is complete absence of the intestine for about half an inch and both small and large bowel are fully developed.

"The advisability of operation was carefully considered but surgical interference was deferred to a time when there was no hope of relief, the decision to wait being based upon the evacuation of meconium, and this brings up a very interesting and valuable diagnostic point. In two of my cases, both incomplete, there was comparatively free evacuation of the bowels and the stools, though in one case small and in the other obtained only by enema, were apparently normal in character. The two complete cases showed peculiar types of stool upon which a diagnosis of complete obstruction might safely be based. In one, the evacuation was described by the physician as a piece of "cheesy material," was white or very light yellow in color and of the appearance and consistency of cottage cheese. Similar masses were found in the colon at autopsy and were unquestionably made up of epithelium with no bile or other constituents of meconium. The other, the case above reported, showed an apparently normal meconium except that bile could not be demonstrated.

"When, therefore, the advisability of operation is in question because of ability to obtain stool by enema, the absence of bile in the stool should, I believe, be conclusive evidence of a complete obstruction and should decide for immediate operation, hopeless as the outlook may be."

NEW YORK STATE MEDICAL LIBRARY

Edited by Frances K. Ray

After careful consideration and consultation with the faculty of the Medical College and many other physicians, it has been deemed wise to return temporarily to our former schedule of opening the Medical reading rooms *two nights a week* (Tuesdays and Thursdays) instead of every evening as in recent years. Full evening opening will be resumed at any time that its need is indicated by increase in the number of readers which has been so greatly diminished of late because of military demands upon the medical profession.

Meanwhile, physicians are reminded that books may always be borrowed for home use or reserved in the general reading room upon request.

Recent Accessions

Abt, I. A. The baby's food. 1917.
American medical association. Section on ophthalmology. Transactions, 1918.
Bacon, Gorham. Manual of otology. 1918.
Bainbridge, F. A., & Menzies, J. Essentials of physiology. 2d ed. 1916.
Bergey, D. H. Principles of hygiene. 6th ed. 1918.
Bowers, E. F. Bathing for health. 1917.
Bulletin of the Canadian army medical corps.
Carleton, Sprague. The seriousness of venereal disease. 1918.
Crile, G. W. Experimental research into surgical shock. 1897.
Da Costa, J. C. Principles and practice of physical diagnosis. 3d ed. 1915.
De Lee, J. B. Obstetrics for nurses. 5th ed. 1918.
Fischer, M. H., & Hooker, M. O. Fat and fatty degeneration. 1917.
Gaskell, W. H. Involuntary nervous system. 1916.
Godlee, R. J. Lord Lister. 1917.
Harvey lectures, v. 12. 1916-17.
Hinckley, L. S. Narcotic drug addiction. 1918.
Hopewell-Smith, A. Histology and histo-pathology of teeth. 2d ed. 2 vol. 1918.
Howard, W. L. How to live long. 1916.
——. How to rest. 1917.
Hutchison, J. C. Treatise on physiology. 1901.
International association of medical museums. Bulletin, no. 4-6, 1913-16.
Janeway, T. C. Blood pressure. 1904.
Jones, I. H. Equilibrium and vertigo. 1918.
Joslin, E. P. Diabetic manual. 1918.
Knox, Robert. Radiography and radio-therapeutics. 2d ed. 1917.
Larousse médical illustré. 1912.
Leo-Wolf, C. G. Child in health and illness. 1917.
May, Otto. Prevention of venereal diseases. 1918.
Medical problems of legislation, being the papers . . . presented at 41st annual meeting of American academy of medicine. 1916.
Moynihan, Berkeley. American addresses on war surgery. 1917.
Ochsner & Percy. New manual of surgery, civil and military. 5th ed. 1917.
Ostwald, Wolfgang. Introduction to theoretical and applied colloid chemistry; tr. by Martin Fischer. 1917.
Pearce, Krumbar & Frazier. Spleen and anaemia: experimental and clinical studies. 1918.
Peebles, J. M. Vaccination a curse. n. d.
Porto Rico. Institute of tropical medicine and hygiene. Reports and collected studies, v. 1, 1913-17.
Pryor, J. C. Naval hygiene. 1918.

Sanders, G. T. Modern methods in nursing. 2d ed. 1917.
Southern surgical association. Transactions, v. 30, 1917.
Stitt, E. R. Diagnostics and treatment of tropical diseases. 2d ed. 1917.
Stöhr, Philip. Textbook of histology arranged by . . . Lewis. 2d ed. 1913.
Strouse & Perry. Food for the sick. 1917.
Tarnowsky, George de. Military surgery of the zone of the advance. 1918. (Medical war manual no. 7.)
Wells, H. G. Chemical pathology. 3d ed. 1918.
White, V. H. Mental control of the body . . . through self-conquest. 1917.
Wilbur, W. H. Koehler method of physical drill. 1918.
Winslow, C. E. A. Healthy living. 1918.
Wood, H. B. Sanitation practically applied. 1917.

New Current Periodical

Survey of head surgery; prepared by the Division of surgery of the head in the office of the Surgeon-General.

It is so long since the Library has received any German publications that it may be of interest to readers to know that a shipment of German periodicals has just been received including 1918 numbers of the following titles:

Archiv für experimentelle Pathologie und Pharmakologie.
Archiv für Ohren-, Nasen-, und Kehlkopfheilkunde.
Biochemische Zeitschrift.
Centralblatt für allgemeine Pathologie und pathologische Anatomie.
Centralblatt für Bakteriologie, Parasitenkunde und Infektionskrankheiten.
Centralblatt für Gynäkologie.
Centralblatt für innere Medizin.
Dermatologische Wochenschrift.
Deutsches Archiv für klinische Medizin.
Medizinische Klinik.
Mitteilungen aus den Grenzgebieten der Medizin und Chirurgie.
Monatsschrift für Psychiatrie und Neurologie.
Münchener medizinische Wochenschrift.
Skandinavisches Archiv für Physiologie.
Zeitschrift für allgemeine Physiologie (Verworn).
Zeitschrift für Fleisch- und Milchhygiene.
Zeitschrift für Kinderheilkunde.
Zeitschrift für die gesamte Neurologie und Psychiatrie.
Zeitschrift für Tuberkulose.
Zeitschrift für Urologie.

INDEX TO VOLUME XXXIX

Advisory Boards, Medical..... 42
Albany Department of Health, Vital Statistics.....38, 80, 123, 157
192, 224, 264, 296, 354, 393, 426, 446
Guild for Public Health Nursing, The..301, 302, 358, 359, 429, 430, 449
Guild for the Care of the Sick, The.....86, 236
Report for Month of December, 1917..... 84
Report for Month of February, 1918..... 161
Report for Month of March, 1918..... 196
Report for Month of November, 1917..... 83
Hospital. See also Hospital.
and Medical College, Base Unit No. 33, Report on the, 1917-1918 205
Committee, Statement of. By E. N. Huyck, Robert Olcott, Thomas Ordway 207
Contributions 219
Equipment and supplies purchased by general and special donations. By H. C. Goodwin, M. D..... 218
estimate cost of each box, The..... 217
financial report, Summary of. By Edmund N. Huyck, Robert Olcott, Thomas Ordway..... 220
Foreword. By Arthur W. Elting, Director..... 205
gifts, List and valuation of special..... 217
hospital supplies, surgical dressings and garments furnished by Red Cross Chapters, List of valuation of..... 216
Personnel 209
civilians 214
cooks 214
corporals 214
non-commissioned officers 214
nurses 209
officers 209
privates 215
privates, first class..... 215
Sixteenth Report of Pavilion F. By J. Montgomery Mosher, M. D..... 401
Medical College. See also Association of the Alumni, etc..... 205
222, 350
Digest of the Report of the Dean for the Year 1916-1917. By Thomas Ordway, M. D..... 97
Alumni Day 1918. (Albany Medical College)..... 350
The Forty-Fifth. (Albany Medical College)..... 222
Ambulance, An Aerial (Editorial) 445

Anesthetic Service, Mobilization of Women Physicians for..... 399
Appleton, Joseph L. T., Jr. Dental Materia Medica, The Year's Progress in. A Part of the Report of the Committee on Materia Medica of the Third District Dental Society of Albany and vicinity 380
Army Nurses, Canada Commissions its..... 305
Training Camp, Student..... 361
Association of the Alumni of the Albany Medical College, Forty-Fifth Annual Meeting 313
Address of Welcome. By Dr. George S. Graham..... 315
alumni dinner, Annual..... 347
luncheon, The 342
Clinics in the amphitheatre of the Albany Hospital..... 343
Commencement exercises 348
executive committee, Report of the..... 314
Historian, Report of the. By Arthur J. Bedell, M. D..... 327
History of the class of 1858..... 330
of the class of 1868..... 331
of the class of 1878. By Charles A. Ingraham, M. D..... 334
of the class of 1888. By R. F. Macfarlane, M. D..... 337
of the class of 1908..... 338
Necrology 327
nominating committee, Report of the, and election..... 314
President's address. By Robert B. Lamb, M. D..... 325
Report of the class of 1848..... 328
of the class of 1858..... 329
resolution offered by Dr. Creighton W. Skelton..... 324
Treasurer, Report of the. By Robert Babcock, M. D..... 315
Babcock, Robert, M. D. Treasurer's report (Alumni Association).. 315
Base Hospital No. 33, U. S. A. (Editorial)..... 376
Unit Number 33.....87, 205, 396
Bedell, Arthur J., M. D. The Historian's report. (Alumni Association) 327
Berry, John McWilliams, M. D. Action of the Gluteus Maximus and Pyriformis Muscles in Sacro-iliac Strain..... 258
Biochemistry and the War. By Arthur Knudson, Ph. D. (Editorial) 78
Blatner, Dr. Joseph H., A Memorial of. By Albert Vander Veer, M. D. 415
Blindness, National Committee for the Prevention of..... 430
Bones, Blue Sclerotics with Brittle. By John B. Harvie, M. D..... 169
Book Reviews:
A Clinical Manual of Mental Diseases. By Francis X. Dercum, A. M., M. D., Ph. D..... 311
Acute Poliomyelitis. By George Draper, M. D..... 131
A Handbook of Practical Treatment by Many Writers. Edited by John H. Musser, Jr., B. S., M. D., and Thomas C. Kelly, A. M., M. D..... 131

Book Reviews—Continued
A Manual of Nervous Diseases. By Irving J. Spear, M. D..... 240
American Illustrated Medical Dictionary. By W. E. Newman Dorland, M. D..... 311
An Intermediate Textbook of Physiological Chemistry with Experiments. By C. J. V. Pettibone, Ph. D..... 308
Collected Papers of the Mayo Clinic. Edited by Mrs. M. H. Mellish 309
Diseases of the Chest and the Principles of Physical Diagnosis. By George W. Norris, M. D..... 130
Diseases of the Genito-Urinary Organs and the Kidneys. By Robert Holmes Greene, A. M., M. D..... 166
Food for the Sick. By Solomon Strouse, M. D..... 240
Infection, Immunity and Specific Therapy. By J. A. Kolmer, M. D. 307
Materia Medica and Therapeutics, Including Pharmacy and Pharmacology. By Reynolds Webb Wilcox, M. A., M. D., LL. D., D. C. L..... 130
Physical Exercises for Invalids and Convalescents. By Edward H. Ochsner, B. S., M. D., F. A. C. S..... 312
Practical Materia Medica and Prescription Writing, with Illustrations. By Oscar W. Bethea, M. D., Ph. G., F. C. S..... 129
Principles of General Physiology. By W. M. Bayliss..... 436
Quiz-Compends—Physiology. By A. P. Brubaker, M. D..... 128
Rest, Suggestion and Other Therapeutic Measures in Nervous and Mental Diseases. By Francis X. Dercum, A. M., M. D., Ph. D. 272
Surgery and Diseases of the Mouth and Jaws. By Vilray Papin Blair, A. M., M. D., F. A. C. S..... 165
Technic of the Carrel Method. By J. Dumas and Anne Carrel.. 308
The Art of Anaesthesia. By Paluel J. Flagg, M. D..... 166
The Elements of the Science of Nutrition. By Graham Lusk, Ph. D., Sc. D., F. R. S..... 94
The Internal Secretions. By E. Gley, Prof. of Physiology, College of France, Paris. Translated by Maurice Fishberg, Clinical Professor of Medicine, New York University and Bellevue Hospital Medical College..... 95
The Prescription: Therapeutically, Pharmaceutically, Grammatically and Historically Considered. By Otto A. Wall, Ph. G., M. D..... 130
The Surgical Clinics of Chicago. August 1917. Vol. 1, No. 4, with 71 illustrations. October 1917, Vol. 1, No. 5, with 84 illustrations. Published bi-monthly..... 310
Traumatic Surgery. By John J. Moorhead, B. S., M. D., F. A. C. S. 309

Book Reviews—Continued
Tumors of the Nervus Acusticus and the Syndrome of the Cerebellopontile Angle. By Harvey Cushing, M. D. ... 310
Briggs, Charles G., M. D. Letters from the War ... 27, 73
Brooklyn, The Medical Library Association of ... 201
Canada Commissions its Army Nurses ... 305
Charity, Medical, An Abuse of ... 154
Child Welfare Campaign ... 450
Civil Service: See United States.
Communicable Diseases, Notification of ... 200
Congdon, John B., M. D. Gonorrhea in the Female ... 282
Congenital Atresia of Small Intestine ... 454
Corning, Erastus, M. D., Letter from ... 374
County Society Elections ... 42
Cumston, Charles Greene, B. S., M. D. The Symptomatology and Diagnosis of Wounds of the Spine and Cord in Warfare ... 277
Dacryocystitis. By Edward A. Stapleton, A. M., M. D ... 22
Deaths:
Capron, Dr. Elias W ... 270
Chaloner, Dr. Clarence A ... 238
Collins, Dr. Charles E ... 400
Dorval, Dr. Alphonzo C ... 238
Fish, Dr. Edmond F ... 238
Hagar, Dr. John A ... 165
Mason, Dr. William H ... 362
Simons, Dr. Frank E ... 400
Stephens, Dr. Myron E ... 433
Stoddard, Dr. Richard L ... 238
Swift, Dr. George Edward ... 270
Turner, Dr. Ralph W ... 400
Whitehead, Dr. Ira Conduit ... 433
Dental Materia Medica, The Year's Progress in. A Part of the Report of the Committee on Materia Medica of the Third District Dental Society of Albany and Vicinity. By Joseph L. T. Appleton, Jr. ... 380
Diaphragm, Note on the Diagnostic Use of the X-Ray in Pneumonia, with Especial Reference to the Position of the. By L. W. Gorham, M. D ... 58
Disease Problem, The Venereal ... 294
Diseases, Communicable, Notification of ... 200
Diseases, The Venereal, in Public Health. By Joseph Roby, M. D. ... 286
Drainage of Buildings, Principles of Sanitary Plumbing and. By C. A. Holmquist ... 179
Dresbach, Melvin, M. D. Experimental Shock. (Editorial) ... 424
Physiological Oxidation ... 387

Dykeman, J. L. The Lancaster School, Albany, N. Y..... 134
Early, Lawrence J., M. D. (Lieut.). Letters from the War..... 117
Education, Medical 36
Elections, County Society..... 42
Elting, Arthur W., M. D. Foreword. (Base Hospital Unit No. 33 Report) 205
Lieutenant-Colonel 430
Farrell, James C. Report of Committee on Medical Schools and Hospitals 66
Ford, Henry, Starts $3,000,000 Hospital..... 305
France, German Outrages in..... 396
German Outrages in France..... 396
Gillmore, Emma Wheat, M. D. An Unprecedented Opportunity for Women 397
Gluteus Maximus and Pyriformis Muscles, Action of the, in Sacro-iliac Strain. By John McWilliams Berry, M. D..... 258
Gonorrhea in the Female. By John B. Congdon, M. D..... 282
Goodwin, H. C., M. D. Equipment and supplies purchased by general and special donations. (Base Hospital Unit No. 33 Report) 218
The Hospital: A Teaching Institution..... 1
Gordinier, Hermon C., M. D. A Case of Polycythaemia Vera with Post Mortem Findings..... 137
A Case of Unilateral Hypertrophy of the Whole Left Side with Autopsy 47
Gorham, L. W., M. D. Note on the Diagnostic Use of the X-Ray in Pneumonia, with Especial Reference to the Position of the Diaphragm 58
Graham, George S., M. D. Address of welcome (Alumni Association) 315
Gregory, Hugh S., M. D., Report of a Few Cases of Psychiatric Interest 437
Harvie, John B., M. D. Blue Sclerotics with Brittle Bones..... 169
Health Department of Albany. See Albany Department of Health.
New York State Department of. See State Department of Health.
Public, and Preventive Medicine, A Course of Lectures in..... 126
Reports, United States Public..... 300
The Venereal Diseases in Public. By Joseph Roby, M. D..... 286
Holmquist, C. A. Principles of Sanitary Plumbing and Drainage of Buildings 179
Hospital, Albany 119, 205
Sixteenth Report of Pavilion F. By J. Montgomery Mosher, M. D. 401
The Pathological Department of the Albany..... 119
Base, No. 33, U. S. A. (Editorial)..... 376
Unit Number 33.....87, 205, 396

Hospital—Continued:
Henry Ford Starts $3,000,000 305
The: A Teaching Institution. By Harold C. Goodwin, M. D.. 1
Hospitals, Medical Schools and, Report of Committee on. By James C. Farrell 66
Huested, Alfred Birch, M. D., Ph. G., of Albany, N. Y., Biographical Sketch of the Late Professor. By Willis G. Tucker, M. D.... 144
Hurst, F. H., M. D. (Capt.). Letters from the War 118
Hypertrophy, Unilateral, A Case of, of the Whole Left Side with Autopsy. By Hermon C. Gordinier, M. D 47
Ingraham, Charles A., M. D. History of the class of 1878. (Alumni Association) 334
In Memoriam:
Arnett, John Dening, M. D 239
Burdick, Lewis W., M. D 435
Chambers, Thomas H., M. D 203
Conway, William F., M. D 434
Crothers, Thomas Davidson, M. D 90
Dorval, Alphonzo C., M. D 271
Fairchild, Merritt B., M. D 238
Huested, Alfred Birch, M. D., Ph. G. By Willis G. Tucker, M. D. 144
Hull, Eugene F., M. D 434
Joyce, Whitney H., M. D 239
Keator, Frank, M. D. (Captain). By E. Forrest Sibley, M. D.. 93
Krug, George A., M. D 92
Lally, Thomas J., M. D 306
Melick, William B., M. D 453
Scattergood, Charles Fourier, M. D 203
Sullivan, John J., M. D 44
Swift, George F., M. D 271
Wheeler, Arthur H., M. D. (1st Lieut.) 434
Institution, A Teaching. The Hospital: By Harold C. Goodwin, M. D. 1
Janeway, Edward Gamaliel (Editorial) 190
Johnson, Sally. Report of the Training School. (Graduating Exercises Albany Hospital Training School for Nurses, June 1917) 17
Report of the Training School. (Graduating Exercises Albany Hospital Training School for Nurses, June 1918) 365
Knudson, Arthur, Ph. D. Biochemistry and the War. (Editorial).. 78
Lamb, Robert B., M. D. President's address. (Alumni Association) 325
Lancaster School, The, Albany, N. Y. By. J. L. Dykeman 134
Law, Necessity Knows No. (Medical Reserve Corps) 359
Lectures, A Course of, in Public Health and Preventive Medicine.. 126
Letter from Erastus Corning, M. D 374

Letters from the War:
Briggs, Dr. Charles G.....27, 73
Early, Dr. Lawrence J. (Lieut.)..... 117
Hurst, Dr. F. H. (Capt.)..... 118
Peck, Dr. Harold A. (Lieut.)..... 156
Rabiner, Dr. A. M..... 422
Viets, Dr. Henry..... 421
Lomax, Howard E., M. D. The Medical Profession in the Present War 241
Macfarlane, R. F., M. D. History of the class of 1888. (Alumni Association) 337
Martyrs, Two Students (Editorial)..... 443
Medical Advisory Boards..... 42
Charity, An Abuse of..... 154
College, Albany. Digest of the Report of the Dean for the Year 1916-1917. By Thomas Ordway, M. D..... 97
Albany Hospital and, Base Unit No. 33, Report on the, 1917-1918, 205
Education 36
Library Association of Brooklyn, The..... 201
Officers, Why Should the Surgeon General Appeal for?..... 360
Profession in the Present War, The. By Howard E. Lomax, M. D. 241
Reserve Corps 199, 359
No more physicians to be commissioned in..... 450
Schools and Hospitals, Report of Committee on. By James C. Farrell 66
Service of the Army and Navy:
Ackroyd, Dr. William A..... 238
Alderson, Dr. Stanley E.....202, 237
Aronowitz, Dr. Milton 238
Atwell, Dr. Floyd J..... 89
Aubrey, Dr. Wallace J. C..... 202
Barney, Dr. Frederick M.....270, 433
Battin, Dr. John A..... 238
Beard, Dr. John J..... 163
Becker, Dr. Edward W..... 163
Beebe, Dr. George W.....43, 270
Bellin, Dr. Morris..... 400
Bendell, Dr. J. Lewi..... 237
Branan, Dr. J. Howard.....400, 433
Branch, Dr. George L..... 399
Byrnes, Dr. J. Leonard..... 128
Canfield, Dr. John E..... 433
Carroll, Dr. William J..... 43
Chapman, Dr. Byron E.....163, 202

MEDICAL SERVICE OF THE ARMY AND NAVY—Continued
Coleman, Dr. Joseph G. 201
Corning, Dr. Erastus 450
Coté, Dr. Leon C. 202, 361
Cox, Dr. Frederick J. 128
Crain, Dr. Rufus B. 237
Crounse, Dr. Frederick. 128
Davidson, Dr. Sol. C. 270
Davis, Dr. Charles E. 163
Doescher, Dr. Theobald F. 201
Ellithorp, Dr. Robert L. 433
Filkins, Dr. Silas L. 43
Fox, Dr. Walter G. 89, 127
Fromm, Dr. Nelson K. 88, 238
Garlick, Dr. Joseph N. B. 88
Garlock, Dr. P. E. 399
Garnsey, Dr. Nathan D. 201
Gaus, Dr. Herbert Louis. 89
Gazeley, Dr. William E. 361
Genzmer, Dr. George V. 163
Giffen, Dr. John. 237
Gregory, Dr. Menas S. 43
Griffin, Dr. E. Gerald. 433
Griffin, Dr. John M. 432
Griffith, Dr. Louis T. 269
Gulick, Dr. John D. 89
Hacker, Dr. Philip Conrad. 89, 236
Hall, Dr. Ralph M. 399
Ham, Dr. Stillman S. 400
Hannon, Dr. Daniel F. 202
Haskell, Dr. Clayton K. 89
Haviland, Dr. Harold C. 304
Heatly, Dr. John E. 89, 237
Hogan, Dr. J. T. H. 44, 203
Holcomb, Dr. Frederic W. 303
Holding, Dr. Arthur. 202, 270
Holmes, Dr. Thomas M. 128
Hull, Dr. Alson J. 128, 304
Hurst, Dr. Frank H. 450
Jackson, Dr. Earl H. 237
Jenkins, Dr. Thomas W. 237
Jennings, Dr. Dean W. 450
Johnson, Dr. Garrett V. 270
Keens, Dr. William G. 43
Kellert, Dr. Ellis. 433

MEDICAL SERVICE OF THE ARMY AND NAVY—Continued
Kinloch, Dr. Osman F.....44, 89
Kircher, Dr. Raymond Francis..... 202
Kivlin, Dr. Charles F..... 201
Knapp, Dr. John C..... 304
Lanahan, Dr. Joseph A..... 237
Lipes, Dr. H. Judson.....43, 237
MacFarlane, Dr. Andrew.....89, 237
MacTaggart, Dr. Robert A..... 202
McKillip, Dr. Burton G..... 433
McPartlon, Dr. Peter..... 399
McSorley, Dr. Frederick W..... 43
Marsh, Dr. Charles R..... 399
Mason, Dr. William H..... 163
Millias, Dr. Ward Winthrop..... 270
Moore, Dr. Floyd H..... 238
Mullens, Dr. Clarence E..... 128
Munson, Dr. William L..... 237
Nolan, Dr. Michael E..... 42
O'Brien, Dr. Joseph P..... 270
O'Keefe, Dr. Daniel F..... 304
Papen, Dr. George W., Jr.....89, 202
Park, Dr. Orla J..... 163
Platt, Dr. Milton W..... 304
Purcell, Dr. Peter F..... 237
Rabiner, Dr. A. M..... 361
Reid, Dr. Robert, Jr..... 43
Riley, Dr. Edward J.....237, 433
Rissberger, Dr. Conrad A..... 89
Robbins, Dr. John H..... 128
Robertson, Dr. John H..... 304
Rogers, Dr. Michael..... 163
Sanford, Dr. Lester E..... 269
Schneible, Dr. Ivan M..... 202
Sharkey, Dr. James C..... 88
Shields, Dr. William T..... 89
Smith, Dr. Roy E..... 237
Southworth, Dr. Hamilton M..... 43
Sperry, Dr. Herbert E..... 304
Stapleton, Dr. Edward A..... 433
Stearns, Dr. Waldron A..... 43
Stillman, Dr. Edgar R..... 236
Tebbutt, Dr. Harry K., Jr.....88, 432
Turner, Dr. Ralph W..... 269
Vander Veer, Dr. James N..... 400

Medical Service of the Army and Navy—Continued
Van Gaasbeck, Dr. Chester V..... 236
Van Loon, Dr. Harry F..... 432
Vogt, Dr. George C..... 304
Von Schrader, Dr. Alleyne..... 203
Vosburgh, Dr. Frederick 449
Wansboro, Dr. William J..... 400
Wiencke, Dr. Edward J..... 43
Society of Columbia County (elections)..... 42
of Greene County (elections)..... 42
of Seneca County (elections)..... 42
of the County of Albany.....41, 87, 127, 163 228, 231, 232, 233, 268
of the County of Rensselaer..... 41
of the State of New York, Third District Branch..... 396
Medicine, Preventive, and Public Health, A Course of Lectures in.. 126
Memorial of Dr. Joseph H. Blatner, A. By Albert Vander Veer, M. D. 415
to Dr. Edward L. Trudeau..... 303
Mosher, J. Montgomery, M. D. Albany Hospital. Sixteenth Report of Pavilion F..... 401
Muscles, Action of the Gluteus Maximus and Pyriformis, in Sacro-iliac Strain. By John McWilliams Berry, M. D..... 258
National Committee for the Prevention of Blindness..... 430
Necessity Knows No Law. (Medical Reserve Corps)..... 359
New York and New England Association of Railway Surgeons... 359
State Department of Health: See State.
State Medical Library:
abstract of annual report July, 1917-June, 1918..... 362
gift 273
hours 273
new current subscriptions 132, 363, 456
new subscriptions 168
recent accessions 45, 96, 132, 167, 204, 273, 364, 454
Nurses, Canada Commissions its Army..... 305
Vassar Training Camp for..... 305
Ordway, Thomas, M. D. Albany Medical College. Digest of the Report of the Dean for the Year 1916-1917..... 97
Oxidation, Physiological. By M. Dresbach, M. D..... 387
Pathological Department, The, of the Albany Hospital..... 119
Peck, Harold A., M. D. (Lieut.) Letters from the War..... 156
Personals:
Benson, Dr. Edward G..... 400
Bolt, Dr. Frederick E..... 44
Bowers, Dr. Joseph H..... 90
Brust, Dr. Herbert O..... 90

PERSONALS—Continued
Canfield, Dr. John E. 433
Clark, Dr. Walter M. 89
Crothers, Dr. Thomas D. 44
Garlick, Dr. Frederick J. 90
Honeyford, Dr. Lyle B. 400
Howard, Dr. William P. 165
Jennings, Dr. Dean W. 44
Lewi, Dr. William G. 238
Murphy, Dr. Walter G. 128, 450
Murray, Dr. D. D. 90
Noerling, Dr. Henry J. 165
Randall, Lieut. John Joseph. 361
Salmon, Dr. Thomas W. 44
Selleck, Dr. Virgil D. 165
Tracy, Dr. Chester E. H. 238
Van Loon, Dr. Arthur B. 164
Physicians, Women, Mobilization of, for Anesthetic Service. 395
Platinum, Utilization of, in Unused Instruments. 432
Plumbing and Drainage of Buildings, Principles of Sanitary. By C. A. Holmquist. 179
Pneumonia. Note on the Diagnostic Use of the X-Ray in, with Especial Reference to the Position of the Diaphragm. By L. W. Gorham, M. D. 58
Polycythaemia Vera, A Case of, with Post Mortem Findings. By Hermon C. Gordinier, M. D. 137
Psychiatric Interest. Report of a Few Cases of, By Hugh S. Gregory, M. D. 437
Public Health and Preventive Medicine, A Course of Lectures in.. 126
Reports, United States. 300
The Venereal Diseases in. By Joseph Roby, M. D. 286
Pyriformis Muscles, Action of the Gluteus Maximus and, in Sacro-iliac Strain. By John McWilliams Berry, M.D. 258
Rabiner, A. M., M. D. Letters from the War. 422
Railway Surgeons, New York and New England Association of. 359
Red Cross Commission to Switzerland. 305
Red Cross, Gift to, for Research Work. 306
Review of Reviews, The Medical. 449
Roby, Joseph, M. D. The Venereal Diseases in Public Health. 286
Sacro-iliac Strain, Action of the Gluteus Maximus and Pyriformis Muscles in. By John McWilliams Berry, M. D. 258
Sanitary Plumbing and Drainage of Buildings, Principles of. By C. A. Holmquist 179

School, Report of the Training. (Graduating Exercises Albany Hospital Training School for Nurses, June 1917.) By Sally Johnson 17
Report of the Training. (Graduating Exercises Albany Hospital Training School for Nurses, June 1918.) By Sally Johnson.. 365
The Lancaster, Albany, N. Y. By J. L. Dykeman..... 134
Schools and Hospitals, Medical, Report of Committee on. By James C. Farrell 66
Sclerotics, Blue, with Brittle Bones. By John B. Harvie, M. D... 169
Shock, Experimental. By Melvin Dresbach, M. D. (Editorial)..... 424
Sibley, E. Forrest, M. D. Memorial of Frank Keator, M. D. (Capt.). 93
Skelton, Creighton W., M. D., resolution offered by. (Alumni Association) 324
Spine and Cord, The Symptomatology and Diagnosis of Wounds of the, in Warfare. By Charles Greene Cumston, B. S., M. D..... 277
Stapleton, Edward A., A. M., M. D. Dacryocystitis..... 22
State Department of Health, The New York..... 300
Student Army Training Camp..... 361
Surgeon, Chief, makes Investigation. (American Expeditionary Forces) 304
General, Why Should the, Appeal for Medical Officers?..... 360
Surgeons, New York and New England Association of Railway.. 359
Switzerland, Red Cross Commission to..... 305
Symptomatology and Diagnosis of Wounds of the Spine and Cord in Warfare, The. By Charles Greene Cumston, B. S., M. D..... 277
Training Camp for Nurses, Vassar..... 305
Student Army 361
School, Report of the. (Graduating Exercises Albany Hospital Training School for Nurses, June 1917.) By Sally Johnson.. 17
School, Report of the. (Graduating Exercises Albany Hospital Training School for Nurses, June 1918.) By Sally Johnson.. 365
Trudeau, Dr. Edward L., Memorial to..... 303
Tucker, Willis G., M. D. Biographical Sketch of the Late Professor Alfred Birch Huested, M. D., Ph. G., of Albany, N. Y..... 144
Unilateral Hypertrophy, A Case of, of the Whole Left Side with Autopsy. By Hermon C. Gordinier, M. D..... 47
Union (College), A Great Day for..... 223
United States Civil Service Examination.....163, 198
Public Health Reports..... 300
Vander Veer, Albert, M. D. A Memorial of Dr. Joseph H. Blatner 415
Vassar Training Camp for Nurses..... 305
Venereal Disease Problem, The..... 294
Diseases in Public Health, The. By Joseph Roby, M. D..... 286
Viets, Henry, M. D. Letters from the War..... 421
War, Biochemistry and the. By Arthur Knudson, Ph. D. (Editorial) 78

War Notes 304
The Medical Profession in the Present. By Howard E. Lomax, M. D. 241
Women, An Unprecedented Opportunity for. By Emma Wheat Gillmore, M. D..... 397
Physicians for Anesthetic Service, Mobilization of..... 399
Wounds of the Spine and Cord in Warfare, The Symptomatology and Diagnosis of. By Charles Greene Cumston, B. S., M. D..... 277
X-Ray, Note on the Diagnostic Use of the, in Pneumonia, with Especial Reference to the Position of the Diaphragm. By L. W. Gorham, M. D..... 58

ILLUSTRATIONS

Dr. Gordinier's Case of "Unilateral Hypertrophy." Enlargement of left Cerebral Hemisphere..... 54
Group picture of the nurses of Base Hospital No. 33.....212, 213
Group picture of the United States Army Base Hospital No. 33..... 210
Illustrating An Abuse of Medical Charity. Contents of the "Tumors" 154
Illustrating Dr. Berry's Article on "Action of the Gluteus Maximus and Pyriformis Muscles in Sacro-iliac Strain." Figures 1, 2, 3 and 4 261
Figures 5, 6, 7 and 8. 262
Figures 9, 10 and 11. 263
Illustrating Dr. Gordinier's Article on "Unilateral Hypertrophy." Showing increased size of left hand compared with right..... 50
Illustrating Dr. Gordinier's Article on "Unilateral Hypertrophy." The forearms 52
Illustrating Dr. Gorham's Article on "The Diagnostic Use of the X-Ray in Pneumonia." Figures 1, 2 and 3..... 59
Illustrating Dr. Harvie's Article on "Blue Sclerotics with Brittle Bones." Figure 1 and 2..... 171
Figure 3 173
Figure 4 175
Plan of Details of Mantels, Lancaster School, Albany, N. Y..facing 133
Plan of the Bell Tower, Lancaster School, Albany, N. Y....facing 133
Plan of the Entrance Door, Lancaster School, Albany, N. Y....facing 133
Plan of the Lancaster School, Albany, N. Y.....facing 133
Plan of Typical Door and Window Trim in Professor's Residence. (Lancaster School) .....facing 133
Portrait of Joseph H. Blatner, M. D.....facing 414
Portrait of Professor Alfred Birch Huested, M. D., Ph. G..... 149
Sketch for the decoration of the program of the dinner to the officers of the Albany Medical College and Hospital Unit, at Portsmouth, England, July 18, 1918..... 378
The Home of the Albany Medical College since 1830..... 133
View of the Rose Blatner Barnet Laboratory. (Albany Hospital).. 121

Vol. XXXIX No. 1

ALBANY MEDICAL ANNALS

Journal of the Alumni Association of the
Albany Medical College

JANUARY, 1918



Ασφαλὲς καὶ ἔμπεδον ἔστω τὸ σὸν ἔδος. Ἐκ σκότου μὲν ἔκαγε φάος, ἐκ δὲ πάθους ἀναψυχήν.

ALBANY MEDICAL ANNALS

Journal of the Alumni Association of the Albany Medical College

ALUMNI COMMITTEE

A. VANDER VEER, M. D. W. G. TUCKER, M. D.

EDITED BY

J. MONTGOMERY MOSHER, M. D.

Published on the First of every month
Subscription Price, Two dollars per annum in advance
Advertising Rates given on Application

Address all communications to ALBANY MEDICAL ANNALS,
Albany Medical College, Albany, N
Entered as Second Class matter at the Post Office, Albany, N. Y.

Vol. XXXIX, No. 1 CONTENTS January, 1

ORIGINAL COMMUNICATIONS

The Hospital: A Teaching Institution.....By HAROLD C. GOODWIN, M. D.
Report of the Training School.....By SALLY JOHNSON
Dacryocystitis.....By EDWARD A. STAPLETON, A. M., M. D.

CORRESPONDENCE

Letters from the War.....By CHARLES G. BRIGGS, M. D.

EDITORIAL

Medical Education.....

PUBLIC HEALTH

Department of Public Health, Albany, N. Y. Abstract of Vital Statistics, November, 191

MEDICAL NEWS

Medical Society of the County of Albany.....
Medical Society of the County of Rensselaer.....
County Society Elections.....
Medical Advisory Boards.....
Medical Service of the Army and Navy.....
Personals .....

IN MEMORIAM

JOHN J. SULLIVAN, M. D.....

CURRENT MEDICAL LITERATURE

NEW YORK STATE MEDICAL LIBRARY

Recent Accessions.....

The Bender Hygienic Laboratory

ALBANY, N. Y.

TRUSTEES

HARRY H. BENDER
DR. GEORGE E. GORHAM
DR. HENRY HUN
DR. EDGAR A. VANDER VEER
WILLARD M. DOUGLAS
JAMES B. McEWAN, JR.

STAFF

ELLIS KELLERT, M. D., Director
BYRON W. CHAPMAN, M. D.
LA SALLE ARCHAMBAULT, M. D.
GEORGE E. WILLCOMB, S. B.

The attention of physicians is called to the advantages which this institution offers in methods of laboratory diagnosis. Many physicians, through lack of time, technical training, or proper laboratory equipment, find it difficult to utilize the many methods of microscopical and chemical examination, so essential to proper diagnosis. To the Alumni of the Albany Medical School, and to physicians generally, the Bender Laboratory offers at a moderate cost, facilities for such examinations. Animal inoculation, chemical, bacteriological and histological examinations will be made as the case requires.

The following directions are appended for the benefit of those who may forward material:

All specimens should be accompanied by a brief note of the clinical condition and a special reference to the character of the examination desired. Name and address of person to whom report is to be sent should be clearly indicated.

1.—Pathological material from either operation or autopsy should be wrapped in moist gauze surrounded by oiled paper or rubber protective. When it is not possible for material to reach the laboratory within twenty-four hours, it should be placed in alcohol (80%) or formalin solution (10%). Small fragments of tissue and the material from uterine curettage should always be so preserved.

2.—Sputum should be sent in clean wide-mouth bottles; the ordinary vaseline bottle answers all purposes. The same bottle is suitable for urine. Urine should be in clean bottles containing not less than six ounces.

3.—Exudates and other material requiring a bacteriological examination culture should be placed in containers previously sterilized by heat (or chemical disinfectants).

Outfits for special purposes, as diphtheria cultures, Widal reaction, tubes, Wassermann reactions, etc., will be sent upon application.

4.—Tissues and fluids for animal inoculation, e. g., hydrophobia, tetanus, tuberculosis, etc., are best sent packed in ice. In cases of suspected hydrophobia it is advisable to send the entire animal without injury to the head or cord.

5.—Haematological examinations at the patient's home will be made by appointment.

6.—Milk and water for bacteriological examination should be sent in sterile glass containers, packed in ice. Special instructions for the collection of samples may be had upon application.

7.—Members of the staff are at all times available for the purpose of conducting post-mortem examinations.

8.—The fee for complete haematological examination at patient's home $10.00; for post-mortem examination, according to the nature of the case and the time consumed; for the Wassermann reaction, $10.00; all other examinations, a uniform fee of $5.00. A special contract may be made for weekly or monthly examinations of milk. In the case of patients who cannot pay the full amount, these fees will be reduced.

Reports will be sent by telegraph if requested.

Letters and specimens should be addressed to

THE BENDER HYGIENIC LABORATORY,
LAKE AVENUE, ALBANY, N. Y.

THE BRANDOW PRINTING COMPANY, ALBANY, N. Y.

FOUNDED 1838

UNION UNIVERSITY

MEDICAL DEPARTMENT

Albany Medical College

A complete reorganization was effected in 1915. Largely increased hospital facilities were provided with teaching services both in medicine and surgery, students having immediate responsibility under supervision. The laboratory staff has been increased and the courses rearranged to conform to improved methods. With these changes, it is believed that the Albany Medical College is prepared to furnish instruction which will meet the highest demands of modern medical education.

Admission Requirements: Each candidate must furnish evidence of the satisfactory completion, in a recognized college or scientific school, of at least one year's course of study including, German or French, English, biology, physics and chemistry, or an equivalent. Beginning with January 1, 1918, two years of college work will be required. Union College, the academic department of Union University, Schenectady, N. Y., has arranged for such a course.

Classes at the Albany Medical College, are restricted in number. Women are admitted.

Tuition: The charge for tuition is $160.00 a year and $5.00 for matriculation. There are no extra fees except for rental of microscopes, laboratory breakage, and certain expensive supplies.

The academic year begins Sept. 24, 1917. All inquiries and other communications should be addressed to Thomas Ordway, M.D., Dean, Albany Medical College, Albany, N. Y.

Vol. XXXIX No. 2

ALBANY MEDICAL ANNALS

Journal of the Alumni Association of the
Albany Medical College

FEBRUARY, 1918



Ασφαλὲς καὶ ἔμπεδον ἔστω το σὸν ἔδος. Ἐκ σκότου μὲν ἔξαγε φάος, ἐκ δὲ πάθους ἀναφυχήν.

ALBANY MEDICAL ANNALS

Journal of the Alumni Association of the Albany Medical College

EDITED BY
J. MONTGOMERY MOSHER, M. D.

Published on the First of every month
Subscription Price, Two dollars per annum in advance
Advertising Rates given on Application

Address all communications to ALBANY MEDICAL ANNALS,
Albany Medical College, Albany, N. Y.
Entered as Second Class matter at the Post Office, Albany, N. Y.

Vol. XXXIX, No. 2 CONTENTS February, 1918

ORIGINAL COMMUNICATIONS

A Case of Unilateral Hypertrophy of the Whole Left Side with Autopsy
By HERMON C. GORDINIER, M. D. 47
Note on the Diagnostic Use of the X-Ray in Pneumonia, with Especial Reference to the Position of the Diaphragm....By L. W. GORHAM, M. D. 58
Report of Committee on Medical Schools and Hospitals....By JAMES C. FARRELL 66

CORRESPONDENCE

Letters from the War....By CHARLES G. BRIGGS, M. D. 73

EDITORIAL

Biochemistry and the War....By ARTHUR KNUDSON, Ph. D. 78

PUBLIC HEALTH

Department of Public Health, Albany, N. Y. Abstract of Vital Statistics, December, 1917.... 80
The Albany Guild for the Care of the Sick. Report for Months of November and December, 1917 83

MEDICAL NEWS

Albany Guild for the Care of the Sick.... 86
Medical Society of the County of Albany.... 87
Base Hospital Unit, Number 33.... 87
Medical Service of the Army and Navy.... 88
Personals.... 89
Married.... 90

IN MEMORIAM

THOMAS DAVIDSON CROTHERS, M. D.... 90
GEORGE A. KRUG, M. D.... 92
CAPTAIN FRANK KEATOR, M. R. C....By E. FORREST SIBLEY, M. D. 93

CURRENT MEDICAL LITERATURE

REVIEWS AND NOTICES OF BOOKS

The Elements of the Science of Nutrition....By GRAHAM LUSK, Ph. D., Sc. D., F. R. S. (Edin.) 94
The Internal Secretions....By E. GLEY 95

NEW YORK STATE MEDICAL LIBRARY

Recent Accessions.... 96

The Bender Hygienic Laboratory

ALBANY, N. Y.

TRUSTEES

HARRY H. BENDER
DR. GEORGE E. GORHAM
DR. HENRY HUN
DR. EDGAR A. VANDER VEER
WILLARD M. DOUGLAS
JAMES B. McEWAN, JR.

STAFF

ELLIS KELLERT, M. D., Director
BYRON W. CHAPMAN, M. D.
LA SALLE ARCHAMBAULT, M. D.
GEORGE E. WILLCOMB, S. B.

The attention of physicians is called to the advantages which this institution offers in methods of laboratory diagnosis. Many physicians, through lack of time, technical training, or proper laboratory equipment, find it difficult to utilize the many methods of microscopical and chemical examination, so essential to proper diagnosis. To the Alumni of the Albany Medical School, and to physicians generally, the Bender Laboratory offers at a moderate cost, facilities for such examinations. Animal inoculation, chemical, bacteriological and histological examinations will be made as the case requires.

The following directions are appended for the benefit of those who may forward material:

All specimens should be accompanied by a brief note of the clinical condition and a special reference to the character of the examination desired. Name and address of person to whom report is to be sent should be clearly indicated.

1.—Pathological material from either operation or autopsy should be wrapped in moist gauze surrounded by oiled paper or rubber protective. When it is not possible for material to reach the laboratory within twenty-four hours, it should be placed in alcohol (80%) or formalin solution (10%). Small fragments of tissues and the material from uterine curettage should always be so preserved.

2.—Sputum should be sent in clean wide-mouth bottles; the ordinary vaseline bottle answers all purposes. The same bottle is suitable for faeces. Urine should be in clean bottles containing not less than six ounces.

3.—Exudates and other material requiring a bacteriological examination by culture should be placed in containers previously sterilized by heat (not chemical disinfectants).

4.—Outfits for special purposes, as diphtheria cultures, Widal reaction, vaccines, Wassermann reactions, etc., will be sent upon application.

5.—Tissues and fluids for animal inoculation, e. g., hydrophobia, tetanus, tuberculosis, etc., are best sent packed in ice. In cases of suspected hydrophobia it is advisable to send the entire animal without injury to the brain or cord.

6.—Haematological examinations at the patient's home will be made by appointment.

7.—Milk and water for bacteriological examination should be sent in sterile glass containers, packed in ice. Special instructions for the collection of samples may be had upon application.

8.—Members of the staff are at all times available for the purpose of conducting post-mortem examinations.

9.—The fee for complete haematological examination at patient's home is $10.00; for post-mortem examination, according to the nature of the case and the time consumed; for the Wassermann reaction, $10.00; all other examinations, a uniform fee of $5.00. A spceial contract may be made for weekly or monthly examinations of milk. In the case of patients who cannot pay the full amount, these fees will be reduced.

Reports will be sent by telegraph if requested.

Letters and specimens should be addressed to

THE BENDER HYGIENIC LABORATORY,

LAKE AVENUE, ALBANY, N. Y.

THE BRANDOW PRINTING COMPANY, ALBANY, N. Y.

FOUNDED 1838

UNION UNIVERSITY

MEDICAL DEPARTMENT

Albany Medical College

A complete reorganization was effected in 1915. Largely increased hospital facilities were provided with teaching services both in medicine and surgery, students having immediate responsibility under supervision. The laboratory staff has been increased and the courses rearranged to conform to improved methods. With these changes, it is believed that the Albany Medical College is prepared to furnish instruction which will meet the highest demands of modern medical education.

Admission Requirements: Each candidate must furnish evidence of the satisfactory completion, in a recognized college or scientific school, of at least one year's course of study including, German or French, English, biology, physics and chemistry, or an equivalent. Beginning with January 1, 1918, two years of college work will be required. Union College, the academic department of Union University, Schenectady, N. Y., has arranged for such a course.

Classes at the Albany Medical College, are restricted in number. Women are admitted.

Tuition: The charge for tuition is $160.00 a year and $5.00 for matriculation. There are no extra fees except for rental of microscopes, laboratory breakage, and certain expensive supplies.

The academic year begins Sept. 24, 1917. All inquiries and other communications should be addressed to Thomas Ordway, M.D., Dean, Albany Medical College, Albany, N.Y.

Vol XXXIX No. 3

ALBANY MEDICAL ANNALS

Journal of the Alumni Association of the
Albany Medical College

MARCH, 1918



Ασφαλὲς καὶ ἔμπεδον ἔστω τὸ σὸν ἔδος. Ἐκ σκότου μὲν ἔλαχε φάος, ἐκ δὲ πάθους ἀναψυχήν.

ALBANY MEDICAL ANNALS

Journal of the Alumni Association of the Albany Medical College

EDITED BY
J. MONTGOMERY MOSHER, M. D.

Published on the First of every month
Subscription Price, Two dollars per annum in advance
Advertising Rates given on Application

Address all communications to ALBANY MEDICAL ANNALS,
Albany Medical College, Albany, N. Y
Entered as Second Class matter at the Post Office, Albany, N. Y.

Vol. XXXIX, No. 3 CONTENTS March, 1918

ORIGINAL COMMUNICATIONS

Albany Medical College: Digest of the Report of the Dean for the Year 1916-1917.
By THOMAS ORDWAY, M.D. 97

CORRESPONDENCE

Letters from the War.....By L. J. EARLY, M.D., and F. H. HURST, M.D..... 117

EDITORIAL

The Pathological Department of the Albany Hospital..... 119

PUBLIC HEALTH

Department of Health, Albany, N. Y. Abstract of Vital Statistics, January, 1918 123

MEDICAL NEWS

A Course of Lectures in Public Health and Preventive Medicine..... 126
Medical Society of the County of Albany..... 127
Medical Service of the Army and Navy..... 127
Wounded..... 128
Personal..... 128

CURRENT MEDICAL LITERATURE

REVIEWS AND NOTICES OF BOOKS

Quiz-Compends—Physiology.....By A. P. BRUBAKER, M.D. 128
Practical Materia Medica and Prescription Writing
By OSCAR W. BETHEA, M.D., Ph.G., F.C.S. 129
The Prescription: Therapeutically, Pharmaceutically, Grammatically and Historically Considered..... By OTTO A. WALL, Ph.G., M.D. 130
Materia Medica and Therapeutics, Including Pharmacy and Pharmacology.
By REYNOLDS WEBB WILCOX, M.A., M.D., LL.D., D.C.L. 130
Diseases of the Chest and the Principles of Physical Diagnosis.
By GEORGE W. NORRIS, M.D. 130
Acute Poliomyelitis.....By GEORGE DRAPER, M.D. 131
A Handbook of Practical Treatment by Many Writers.
Edited by JOHN H. MUSSER, JR., B.S., M.D., and THOMAS C. KELLY, A.M., M.D. 131

NEW YORK STATE MEDICAL LIBRARY

Recent Accessions..... 132
New Current Subscriptions..... 132

ALBANY HOSPITAL

New Scotland Avenue

MEDICAL AND SURGICAL STAFF

Consulting Staff

Physicians
HENRY HUN, M. D.
JOSEPH D. CRAIG, M. D.

Obstetrician
JAMES P. BOYD, M. D.

Physician-in-Chief to the Tuberculosis Department
HOWARD VAN RENSSELAER, M. D.

Electro-Therapeutist
EZRA A. BARTLETT, M. D.

Surgeon-in-Chief
ALBERT VANDER VEER, M. D.

Surgeon
SAMUEL R. MORROW, M. D.

Ophthalmologists and Otologists
CYRUS S. MERRILL, M. D.
HERMAN BENDELL, M. D.

Dermatologist
FREDERIC C. CURTIS, M. D.

Attending Staff

Physician
THOMAS ORDWAY, M. D.

Physician for Mental Diseases
J. MONTGOMERY MOSHER, M. D.

Gastro-Enterologist
LEO H. NEUMAN, M. D.

Neurologist
LASALLE ARCHAMBAULT, M. D.

Physician for Cutaneous and Contagious Diseases
ARTHUR SAUTTER, M. D.

Physicians to the Tuberculosis Department
ERASTUS CORNING, M. D.
MALCOLM DOUGLASS, M. D.

Pathologist
ELLIS KELLERT, M. D.

Surgeons
EDGAR A. VANDER VEER, M. D.
ARTHUR W. ELTING, M. D.

Gynecologist
JOHN A. SAMPSON, M. D.

Rhinologist and Laryngologist
EUGENE E. HINMAN, M. D.

Ophthalmologist and Otologist
ARTHUR J. BEDELL, M. D.

Obstetricians
G. EMORY LOCHNER, M. D.
H. JUDSON LIPES, M. D.
PAUL T. HARPER, M. D.

Orthopedist and Radiographer
JOHN M. BERRY, M. D.

Urologist (Surgical for Men)
JAMES N. VANDER VEER, M. D.

Associate Staff

Electro-Therapeutist
WM. G. LEWI, M. D.

Dentist
LEROY BLATNER, D. D. S.

Assistant Attending Staff

Assistant Attending Physicians
CLINTON B. HAWN, M. D.
L. WHITTINGTON GORHAM, M. D.

Assistant Attending Gastro-Enterologist
THEOBALD F. DOESCHER, M. D.

Assistant Attending Physician for Contagious Diseases
CHARLES K. WINNE, M. D.

Assistant Attending Surgeons
ALVAH H. TRAVER, M. D.
WM. D. ALLEN, M. D.
J. LEWI DONHAUSER, M. D.

Assistant Attending Gynecologist
TIFFANY LAWYER, M. D.

Assistant Attending Laryngologist
WM. G. KEENS, M. D.

Assistant Attending Ophthalmologist and Otologist
CHARLES H. MOORE, M. D.

Resident Physicians and Surgeons

ARTHUR M. DICKINSON, M. D. Chief Resident Surgeon
HERBERT A. VOGEL, M. D. Chief Resident Physician
SAMUEL W. GREEN, M. D.
JOHN L. HEMSTEAD, M. D.
HAROLD A. PECK, M. D.
ABRAHAM RABINER, M. D.
EDWARD BERNARD O'KEEFE, M. D.

Dispensary Physicians and Surgeons

CLARENCE F. GRAHAM, M. D.
J. LEWI BENDELL, M. D.
WM. P. HOWARD, M. D.
J. MONTGOMERY MOSHER, M. D.
TIFFANY LAWYER, M. D.
WM. G. KEENS, M. D.
CHARLES H. MOORE, M. D.
JOSEPH A. LANAHAN, M. D.
G. EMORY LOCHNER, M. D.
JOHN E. HESLIN, M. D.

THE BRANDOW PRINTING COMPANY, ALBANY, N. Y.

FOUNDED 1838

UNION UNIVERSITY

MEDICAL DEPARTMENT

Albany Medical College

A complete reorganization was effected in 1915. Largely increased hospital facilities were provided with teaching services both in medicine and surgery, students having immediate responsibility under supervision. The laboratory staff has been increased and the courses rearranged to conform to improved methods. With these changes, it is believed that the Albany Medical College is prepared to furnish instruction which will meet the highest demands of modern medical education.

Admission Requirements: Each candidate must furnish evidence of the satisfactory completion, in a recognized college or scientific school, of at least one year's course of study including, German or French, English, biology, physics and chemistry, or an equivalent. Beginning with January 1, 1918, two years of college work will be required. Union College, the academic department of Union University, Schenectady, N. Y., has arranged for such a course.

Classes at the Albany Medical College, are restricted in number. Women are admitted.

Tuition: The charge for tuition is $160.00 a year and $5.00 for matriculation. There are no extra fees except for rental of microscopes, laboratory breakage, and certain expensive supplies.

The academic year begins Sept. 24, 1917. All inquiries and other communications should be addressed to Thomas Ordway, M.D., Dean, Albany Medical College, Albany, N. Y.

Vol. XXXIX No. 4

ALBANY MEDICAL ANNALS

Journal of the Alumni Association of the
Albany Medical College

APRIL, 1918



Ασφαλὲς καὶ ἔμπεδον ἔστω το σὸν ἔδος. Ἐκ σκότου μὲν ἔλαμψε φάος, ἐκ δὲ πάθους ἀναψυχήν.

ALBANY MEDICAL ANNALS

Journal of the Alumni Association of the Albany Medical College

EDITED BY
J. MONTGOMERY MOSHER, M. D.

Published on the First of every month
Subscription Price, Two dollars per annum in advance
Advertising Rates given on Application

Address all communications to ALBANY MEDICAL ANNALS,
Albany Medical College, Albany, N. Y
Entered as Second Class matter at the Post Office, Albany, N. Y.

Vol. XXXIX, No. 4 CONTENTS April, 1918

ORIGINAL COMMUNICATIONS

The Lancaster School, Albany, N. Y. ..... By J. L. DYKEMAN 134
A Case of Polycythaemia Vera with Post Mortem Findings....By HERMON C. GORDINIER, M. D. 137

IN MEMORIAM

Biographical Sketch of the late Professor ALFRED BIRCH HUESTED, M. D., Ph. G. 144
By WILLIS G. TUCKER, M. D.

CLINICAL AND PATHOLOGICAL NOTES

An Abuse of Medical Charity 154

CORRESPONDENCE

Letter from the War ..... By HAROLD A. PECK, M. D 156

PUBLIC HEALTH

Department of Health, Albany, N. Y Abstract of Vital Statistics, February, 1918 157

MEDICAL NEWS

Albany Guild for the Care of the Sick 161
Medical Society for the County of Albany 163
Medical Service of the Army and Navy 163
United States Civil Service Commission 164
Personal 164
Married 165
Died 165

CURRENT MEDICAL LITERATURE

REVIEWS AND NOTICES OF BOOKS

Surgery and Diseases of the Mouth and Jaws ....By VILRAY PAPIN BLAIR,, A. M., M. D. 165
Diseases of the Genito-Urinary Organs and the Kidneys. 166
By ROBERT HOLMES GREENE, A. M., M. D. and HARLOW BROOKS, M. D.
The Art of Anesthesia ..... By PALUEL J. FLAGG, M. D. 166

NEW YORK STATE MEDICAL LIBRARY

Recent Accessions 167
New Subscriptions 168

ALBANY HOSPITAL

New Scotland Avenue

MEDICAL AND SURGICAL STAFF

Consulting Staff

Physicians
HENRY HUN, M. D.
JOSEPH D. CRAIG, M. D.

Obstetrician
JAMES P. BOYD, M. D.

Physician-in-Chief to the Tuberculosis Department
HOWARD VAN RENSSELAER, M. D.

Electro-Therapeutist
EZRA A. BARTLETT, M. D.

Surgeon-in-Chief
ALBERT VANDER VEER, M. D.

Surgeon
SAMUEL R. MORROW, M. D.

Ophthalmologists and Otologists
CYRUS S. MERRILL, M. D.
HERMAN BENDELL, M. D.

Dermatologist
FREDERIC C. CURTIS, M. D.

Attending Staff

Physician
THOMAS ORDWAY, M. D.

Physician for Mental Diseases
J. MONTGOMERY MOSHER, M. D.

Gastro-Enterologist
LEO H. NEUMAN, M. D.

Neurologist
LASALLE ARCHAMBAULT, M. D.

Physician for Cutaneous and Contagious Diseases
ARTHUR SAUTTER, M. D.

Physicians to the Tuberculosis Department
ERASTUS CORNING, M. D.
MALCOLM DOUGLASS, M. D.

Pathologist
ELLIS KELLERT, M. D.

Surgeons
EDGAR A. VANDER VEER, M. D.
ARTHUR W. ELTING, M. D.

Gynecologist
JOHN A. SAMPSON, M. D.

Rhinologist and Laryngologist
EUGENE E. HINMAN, M. D.

Ophthalmologist and Otologist
ARTHUR J. BEDELL, M. D.

Obstetricians
G. EMORY LOCHNER, M. D.
H. JUDSON LIPES, M. D.
PAUL T. HARPER, M. D.

Orthopedist and Radiographer
JOHN M. BERRY, M. D.

Urologist (Surgical for Men)
JAMES N. VANDER VEER, M. D.

Associate Staff

Electro-Therapeutist
WM. G. LEWI, M. D.

Dentist
LEROY BLATNER, D. D. S.

Assistant Attending Staff

Assistant Attending Physicians
CLINTON B. HAWN, M. D.
L. WHITTINGTON GORHAM, M. D.

Assistant Attending Gastro-Enterologist
THEOBALD F. DOESCHER, M. D.

Assistant Attending Physician for Contagious Diseases
CHARLES K. WINNE, M. D.

Assistant Attending Surgeons
ALVAH H. TRAVER, M. D.
WM. D. ALLEN, M. D.
J. LEWI DONHAUSER, M. D.

Assistant Attending Gynecologist
TIFFANY LAWYER, M. D.

Assistant Attending Laryngologist
WM. G. KEENS, M. D.

Assistant Attending Ophthalmologist and Otologist
CHARLES H. MOORE, M. D.

Resident Physicians and Surgeons

ARTHUR M. DICKINSON, M. D. Chief Resident Surgeon
HERBERT A. VOGEL, M. D. Chief Resident Physician
SAMUEL W. GREEN, M. D.
JOHN L. HEMSTEAD, M. D.
HAROLD A. PECK, M. D.
ABRAHAM RABINER, M. D.
EDWARD BERNARD O'KEEFE, M. D.

Dispensary Physicians and Surgeons

CLARENCE F. GRAHAM, M. D.
J. LEWI BENDELL, M. D.
WM. P. HOWARD, M. D.
J. MONTGOMERY MOSHER, M. D.
TIFFANY LAWYER, M. D.
WM. G. KEENS, M. D.
CHARLES H. MOORE, M. D.
JOSEPH A. LANAHAN, M. D.
G. EMORY LOCHNER, M. D.
JOHN E. HESLIN, M. D.

THE BRANDOW PRINTING COMPANY, ALBANY, N. Y.

FOUNDED 1838

UNION UNIVERSITY

MEDICAL DEPARTMENT

Albany Medical College

A complete reorganization was effected in 1915. Largely increased hospital facilities were provided with teaching services both in medicine and surgery, students having immediate responsibility under supervision. The laboratory staff has been increased and the courses rearranged to conform to improved methods. With these changes, it is believed that the Albany Medical College is prepared to furnish instruction which will meet the highest demands of modern medical education.

Admission Requirements: Each candidate must furnish evidence of the satisfactory completion, in a recognized college or scientific school, of at least one year's course of study including, German or French, English, biology, physics and chemistry, or an equivalent. Beginning with January 1, 1918, two years of college work will be required. Union College, the academic department of Union University, Schenectady, N. Y., has arranged for such a course.

Classes at the Albany Medical College, are restricted in number. Women are admitted.

Tuition: The charge for tuition is $160.00 a year and $5.00 for matriculation. There are no extra fees except for rental of microscopes, laboratory breakage, and certain expensive supplies.

The academic year begins Sept. 24, 1917. All inquiries and other communications should be addressed to Thomas Ordway, M.D., Dean, Albany Medical College, Albany, N. Y.

Vol XXXIX No. 5

ALBANY MEDICAL ANNALS

OF PHILADELPHIA

Journal of the Alumni Association of the
Albany Medical College

MAY, 1918



Ασφαλὲς καὶ ἔμπεδον ἔστω το σὸν ἔδος. Ἐκ σκότου μὲν ἔξαγε φάος, ἐκ δὲ πάθους ἀναψυχήν.

ALBANY MEDICAL ANNALS

Journal of the Alumni Association of the Albany Medical College

EDITED BY
J. MONTGOMERY MOSHER, M. D.

Published on the First of every month
Subscription Price, Two dollars per annum in advance
Advertising Rates given on Application

Address all communications to ALBANY MEDICAL ANNALS,
Albany Medical College, Albany, N. Y
Entered as Second Class matter at the Post Office, Albany, N. Y.

Vol. XXXIX, No. 5 CONTENTS May, 1918

ORIGINAL COMMUNICATIONS

Blue Sclerotics with Brittle Bones.....By JOHN B. HARVIE, M. D. 169
Principles of Sanitary Plumbing and Drainage of Buildings.....By C. A. HOLMQUIST 179

EDITORIAL

EDWARD GAMALIEL JANEWAY..... 190

PUBLIC HEALTH

Department of Health, Albany, N. Y. Abstract of Vital Statistics, March, 1918..... 192

MEDICAL NEWS

Albany Guild for the Care of the Sick..... 196
United States Civil Service Examinations..... 198
Medical Reserve Corps..... 199
Notification of Communicable Diseases..... 200
The Medical Library Association of Brooklyn..... 201
Medical Service of the Army and Navy..... 201
Captain Papen named Medical Board Member..... 202
Promotion of Major Von Schrader..... 203
Lieutenant John T. H. Hogan..... 203

IN MEMORIAM

THOMAS H. CHAMBERS, M. D..... 203
CHARLES FOURIER SCATTERGOOD, M. D..... 203

NEW YORK STATE MEDICAL LIBRARY

Recent Accessions..... 204

ALBANY HOSPITAL

New Scotland Avenue

MEDICAL AND SURGICAL STAFF

Consulting Staff

Physicians
HENRY HUN, M. D.
JOSEPH D. CRAIG, M. D.

Obstetrician
JAMES P. BOYD, M. D.

Physician-in-Chief to the Tuberculosis Department
HOWARD VAN RENSSELAER, M. D.

Electro-Therapeutist
EZRA A. BARTLETT, M. D.

Surgeon-in-Chief
ALBERT VANDER VEER, M. D.

Surgeon
SAMUEL R. MORROW, M. D.

Ophthalmologists and Otologists
CYRUS S. MERRILL, M. D.
HERMAN BENDELL, M. D.

Dermatologist
FREDERIC C. CURTIS, M. D.

Attending Staff

Physician
THOMAS ORDWAY, M. D.

Physician for Mental Diseases
J. MONTGOMERY MOSHER, M. D.

Gastro-Enterologist
LEO H. NEUMAN, M. D.

Neurologist
LASALLE ARCHAMBAULT, M. D.

Physician for Cutaneous and Contagious Diseases
ARTHUR SAUTTER, M. D.

Physicians to the Tuberculosis Department
ERASTUS CORNING, M. D.
MALCOLM DOUGLASS, M. D.

Pathologist
GEORGE S. GRAHAM, M. D.

Surgeons
EDGAR A. VANDER VEER, M. D.
ARTHUR W. ELTING, M. D.

Gynecologist
JOHN A. SAMPSON, M. D.

Rhinologist and Laryngologist
EUGENE E. HINMAN, M. D.

Ophthalmologist and Otologist
ARTHUR J. BEDELL, M. D.

Obstetricians
G. EMORY LOCHNER, M. D.
H. JUDSON LIPES, M. D.
PAUL T. HARPER, M. D.

Orthopedist and Radiographer
JOHN M. BERRY, M. D.

Urologist (Surgical for Men)
JAMES N. VANDER VEER, M. D.

Associate Staff

Electro-Therapeutist
WM. G. LEWI, M. D.

Dentist
LEROY BLATNER, D. D. S.

Assistant Attending Staff

Assistant Attending Physicians
CLINTON B. HAWN, M. D.
L. WHITTINGTON GORHAM, M. D.

Assistant Attending Gastro-Enterologist
THEOBALD F. DOESCHER, M. D.

Assistant Attending Neurologist
NELSON K. FROMM, M. D.

Assistant Attending Physician for Contagious Diseases
CHARLES K. WINNE, M. D.

Assistant Attending Physician to the Tuberculosis Department
JACOB L. DROOZ, M. D.

Assistant Attending Surgeons
ALVAH H. TRAVER, M. D.
WM. D. ALLEN, M. D.
J. LEWI DONHAUSER, M. D.

Assistant Attending Gynecologist
TIFFANY LAWYER, M. D.

Assistant Attending Laryngologist
WM. G. KEENS, M. D.

Assistant Attending Urologist (Surgical for Men)
JOHN HESLIN, M. D.

Assistant Attending Ophthalmologist and Otologist
CHARLES H. MOORE, M. D.

Dispensary Physicians and Surgeons

CLARENCE F. GRAHAM, M. D.
J. LEWI BENDELL, M. D.
JOHN F. SOUTHWELL, M. D.
J. MONTGOMERY MOSHER, M. D.
TIFFANY LAWYER, M. D.
WM. G. KEENS, M. D.
CHARLES H. MOORE, M. D.
JOSEPH A. LANAHAN, M. D.
G. EMORY LOCHNER, M. D.
JOHN E. HESLIN, M. D.
EUGENE E. HINMAN, M. D.

THE BRANDOW PRINTING COMPANY, ALBANY, N. Y.

FOUNDED 1838

UNION UNIVERSITY

MEDICAL DEPARTMENT

Albany Medical College

A complete reorganization was effected in 1915. Largely increased hospital facilities were provided with teaching services both in medicine and surgery, students having immediate responsibility under supervision. The laboratory staff has been increased and the courses rearranged to conform to improved methods. With these changes, it is believed that the Albany Medical College is prepared to furnish instruction which will meet the highest demands of modern medical education.

Admission Requirements: Each candidate must furnish evidence of the satisfactory completion, in a recognized college or scientific school, of at least one year's course of study including, German or French, English, biology, physics and chemistry, or an equivalent. Beginning with January 1, 1918, two years of college work will be required. Union College, the academic department of Union University, Schenectady, N. Y., has arranged for such a course.

Classes at the Albany Medical College, are restricted in number. Women are admitted.

Tuition: The charge for tuition is $160.00 a year and $5.00 for matriculation. There are no extra fees except for rental of microscopes, laboratory breakage, and certain expensive supplies.

The academic year begins Sept. 24, 1917. All inquiries and other communications should be addressed to Thomas Ordway, M.D., Dean, Albany Medical College, Albany, N.Y.

Vol. XXXIX No. 6

ALBANY MEDICAL ANNALS

Journal of the Alumni Association of the
Albany Medical College

JUNE, 1918

COLLEGE OF
PHYSICIANS
PHILADELPHIA



Ασφαλὲς καὶ ἔμπεδον ἔστω τὸ σὸν ἦθος. Ἐκ σκότου μὲν ἔλαμψε φάος, ἐκ δὲ πάθους ἀναψυχήν.

ALBANY MEDICAL ANNALS

Journal of the Alumni Association of the Albany Medical College

EDITED BY
J. MONTGOMERY MOSHER, M. D.

Published on the First of every month
Subscription Price, Two dollars per annum in advance
Advertising Rates given on Application

Address all communications to ALBANY MEDICAL ANNALS,
Albany Medical College, Albany, N. Y
Entered as Second Class matter at the Post Office, Albany, N. Y.

Vol. XXXIX, No. 6 CONTENTS June, 1918

ORIGINAL COMMUNICATIONS

Report of the Albany Hospital and Medical College Base Unit No. 33 205

EDITORIAL

The Forty-fifth Alumni Day 222
A Great Day for Union 223

PUBLIC HEALTH

Department of Health, Albany, N. Y., Abstract of Vital Statistics, April, 1918 224

SOCIETY PROCEEDINGS

Medical Society of the County of Albany — January Meeting 228
Medical Society of the County of Albany — February Meeting 231
Medical Society of the County of Albany — March Meeting 232
Medical Society of the County of Albany — April Meeting 233

MEDICAL NEWS

Albany Guild for the Care of the Sick 236
Medical Service of the Army and Navy 236
Personal 238
Died 238

IN MEMORIAM

MERRITT B. FAIRCHILD, M. D. 238
WHITNEY H. JOYCE, M. D. 238
JOHN DENNING ARNETT, M. D. 239

CURRENT MEDICAL LITERATURE

REVIEWS AND NOTICES OF BOOKS

Food for the Sick. A Manual for Physician and Patient ..... BY SOLOMON STROUSE, M. D. 240
A Manual of Nervous Diseases ..... BY IRVING J. SPEAR, M. D. 240

ALBANY HOSPITAL

New Scotland Avenue

MEDICAL AND SURGICAL STAFF

Consulting Staff

Physicians
HENRY HUN, M. D.
JOSEPH D. CRAIG, M. D.

Obstetrician
JAMES P. BOYD, M. D.

Physician-in-Chief to the Tuberculosis Department
HOWARD VAN RENSSELAER, M. D.

Electro-Therapeutist
EZRA A. BARTLETT, M. D.

Surgeon-in-Chief
ALBERT VANDER VEER, M. D.

Surgeon
SAMUEL R. MORROW, M. D.

Ophthalmologists and Otologists
CYRUS S. MERRILL, M. D.
HERMAN BENDELL, M. D.

Dermatologist
FREDERIC C. CURTIS, M. D.

Attending Staff

Physician
THOMAS ORDWAY, M. D.

Physician for Mental Diseases
J. MONTGOMERY MOSHER, M. D.

Gastro-Enterologist
LEO H. NEUMAN, M. D.

Neurologist
LASALLE ARCHAMBAULT, M. D.

Physician for Cutaneous and Contagious Diseases
ARTHUR SAUTTER, M. D.

Physicians to the Tuberculosis Department
ERASTUS CORNING, M. D.
MALCOLM DOUGLASS, M. D.

Pathologist
GEORGE S. GRAHAM, M. D.

Surgeons
EDGAR A. VANDER VEER, M. D.
ARTHUR W. ELTING, M. D.

Gynecologist
JOHN A. SAMPSON, M. D.

Rhinologist and Laryngologist
EUGENE E. HINMAN, M. D.

Ophthalmologist and Otologist
ARTHUR J. BEDELL, M. D.

Obstetricians
G. EMORY LOCHNER, M. D.
H. JUDSON LIPES, M. D.
PAUL T. HARPER, M. D.

Orthopedist and Radiographer
JOHN M. BERRY, M. D.

Urologist (Surgical for Men)
JAMES N. VANDER VEER, M. D.

Associate Staff

Electro-Therapeutist
WM. G. LEWI, M. D.

Dentist
LEROY BLATNER, D. D. S.

Assistant Attending Staff

Assistant Attending Physicians
CLINTON B. HAWN, M. D.
L. WHITTINGTON GORHAM, M. D.

Assistant Attending Gastro-Enterologist
THEOBALD F. DOESCHER, M. D.

Assistant Attending Neurologist
NELSON K. FROMM, M. D.

Assistant Attending Physician for Contagious Diseases
CHARLES K. WINNE, M. D.

Assistant Attending Physician to the Tuberculosis Department
JACOB L. DROOZ, M. D.

Assistant Attending Surgeons
ALVAH H. TRAVER, M. D.
WM. D. ALLEN, M. D.
J. LEWI DONHAUSER, M. D.

Assistant Attending Gynecologist
TIFFANY LAWYER, M. D.

Assistant Attending Laryngologist
WM. G. KEENS, M. D.

Assistant Attending Urologist (Surgical for Men)
JOHN HESLIN, M. D.

Assistant Attending Ophthalmologist and Otologist
CHARLES H. MOORE, M. D.

Dispensary Physicians and Surgeons

CLARENCE F. GRAHAM, M. D.
J. LEWI BENDELL, M. D.
JOHN F. SOUTHWELL, M. D.
J. MONTGOMERY MOSHER, M. D.
TIFFANY LAWYER, M. D.
WM. G. KEENS, M. D.
CHARLES H. MOORE, M. D.
JOSEPH A. LANAHAN, M. D.
G. EMORY LOCHNER, M. D.
JOHN E. HESLIN, M. D.
EUGENE E. HINMAN, M. D.

THE BRANDOW PRINTING COMPANY, ALBANY, N. Y.

FOUNDED 1838

UNION UNIVERSITY

MEDICAL DEPARTMENT

Albany Medical College

A complete reorganization was effected in 1915. Largely increased hospital facilities were provided with teaching services both in medicine and surgery, students having immediate responsibility under supervision. The laboratory staff has been increased and the courses rearranged to conform to improved methods. With these changes, it is believed that the Albany Medical College is prepared to furnish instruction which will meet the highest demands of modern medical education.

Admission Requirements: Each candidate must furnish evidence of the satisfactory completion, in a recognized college or scientific school, of at least one year's course of study including, German or French, English, biology, physics and chemistry, or an equivalent. Beginning with January 1, 1918, two years of college work will be required. Union College, the academic department of Union University, Schenectady, N. Y., has arranged for such a course.

Classes at the Albany Medical College, are restricted in number. Women are admitted.

Tuition: The charge for tuition is $160.00 a year and $5.00 for matriculation. There are no extra fees except for rental of microscopes, laboratory breakage, and certain expensive supplies.

The academic year begins Sept. 24, 1918. All inquiries and other communications should be addressed to Thomas Ordway, M.D., Dean, Albany Medical College, Albany, N. Y.

Vol. XXXIX No. 7

ALBANY MEDICAL ANNALS

Journal of the Alumni Association of the
Albany Medical College

JULY, 1918



Ασφαλὶς καὶ ἔμπεδον ἔστω τὸ σὸν ἦθος. Ἐκ σκότου μὲν ἔλαχε φάος, ἐκ δὲ πάθους ἀναψυχήν.

ALBANY MEDICAL ANNALS

Journal of the Alumni Association of the Albany Medical College

EDITED BY
J. MONTGOMERY MOSHER, M. D.

Published on the First of every month
Subscription Price, Two dollars per annum in advance
Advertising Rates given on Application

Address all communications to ALBANY MEDICAL ANNALS,
Albany Medical College, Albany, N. Y
Entered as Second Class matter at the Post Office, Albany, N. Y.

Vol. XXXIX, No. 7 CONTENTS July, 1918

ORIGINAL COMMUNICATIONS

The Medical Profession in the Present War.....By HOWARD E. LOMAX, M. D. 241
Action of the Gluteus Maximus and Pyriformis Muscles in Sacro-Iliac Strain. By JOHN M. BERRY, M. D..... 258

PUBLIC HEALTH

Department of Public Health, Albany, N. Y., Abstract of Vital Statistics, May, 1918..... 264

MEDICAL NEWS

May-June Meetings, Medical Society, County of Albany 268
Albany Guild for the Care of the Sick..... 269
Medical Service of the Army and Navy..... 269
Married..... 270
Died..... 270

IN MEMORIAM

Alphonzo C. Dorval, M. D..... 271
George F. Swift, M. D..... 271

CURRENT MEDICAL LITERATURE

Reviews and Notices of Books

Rest, Suggestion and Other Therapeutic Measures in Nervous and Mental Diseases. By FRANCIS X. DERCUM, A. M., M. D., Ph. D..... 272

NEW YORK STATE MEDICAL LIBRARY

Recent Accessions..... 273

ALBANY HOSPITAL

New Scotland Avenue

MEDICAL AND SURGICAL STAFF

Consulting Staff

Physicians
HENRY HUN, M. D.
JOSEPH D. CRAIG, M. D.

Obstetrician
JAMES P. BOYD, M. D.

Physician-in-Chief to the Tuberculosis Department
HOWARD VAN RENSSELAER, M. D.

Electro-Therapeutist
EZRA A. BARTLETT, M. D.

Surgeon-in-Chief
ALBERT VANDER VEER, M. D.

Surgeon
SAMUEL R. MORROW, M. D.

Ophthalmologists and Otologists
CYRUS S. MERRILL, M. D.
HERMAN BENDELL, M. D.

Dermatologist
FREDERIC C. CURTIS, M. D.

Attending Staff

Physician
THOMAS ORDWAY, M. D.

Physician for Mental Diseases
J. MONTGOMERY MOSHER, M. D.

Gastro-Enterologist
LEO H. NEUMAN, M. D.

Neurologist
LASALLE ARCHAMBAULT, M. D.

Physician for Cutaneous and Contagious Diseases
ARTHUR SAUTTER, M. D.

Physicians to the Tuberculosis Department
ERASTUS CORNING, M. D.
MALCOLM DOUGLASS, M. D.

Pathologist
GEORGE S. GRAHAM, M. D.

Surgeons
EDGAR A. VANDER VEER, M. D.
ARTHUR W. ELTING, M. D.

Gynecologist
JOHN A. SAMPSON, M. D.

Rhinologist and Laryngologist
EUGENE E. HINMAN, M. D.

Ophthalmologist and Otologist
ARTHUR J. BEDELL, M. D.

Obstetricians
G. EMORY LOCHNER, M. D.
H. JUDSON LIPES, M. D.
PAUL T. HARPER, M. D.

Orthopedist and Radiographer
JOHN M. BERRY, M. D.

Urologist (Surgical for Men)
JAMES N. VANDER VEER, M. D.

Associate Staff

Electro-Therapeutist
WM. G. LEWI, M. D.

Dentist
LEROY BLATNER, D. D. S.

Assistant Attending Staff

Assistant Attending Physicians
CLINTON B. HAWN, M. D.
L. WHITTINGTON GORHAM, M. D.

Assistant Attending Gastro-Enterologist
THEOBALD F. DOESCHER, M. D.

Assistant Attending Neurologist
NELSON K. FROMM, M. D.

Assistant Attending Physician for Contagious Diseases
CHARLES K. WINNE, M. D.

Assistant Attending Physician to the Tuberculosis Department
JACOB L. DROOZ, M. D.

Assistant Attending Surgeons
ALVAH H. TRAVER, M. D.
WM. D. ALLEN, M. D.
J. LEWI DONHAUSER, M. D.

Assistant Attending Gynecologist
TIFFANY LAWYER, M. D.

Assistant Attending Laryngologist
WM. G. KEENS, M. D.

Assistant Attending Urologist (Surgical for Men)
JOHN HESLIN, M. D.

Assistant Attending Ophthalmologist and Otologist
CHARLES H. MOORE, M. D.

Dispensary Physicians and Surgeons

CLARENCE F. GRAHAM, M. D.
J. LEWI BENDELL, M. D.
JOHN F. SOUTHWELL, M. D.
J. MONTGOMERY MOSHER, M. D.
TIFFANY LAWYER, M. D.
WM. G. KEENS, M. D.
CHARLES H. MOORE, M. D.
JOSEPH A. LANAHAN, M. D.
G. EMORY LOCHNER, M. D.
JOHN E. HESLIN, M. D.
EUGENE E. HINMAN, M. D.

THE BRANDOW PRINTING COMPANY, ALBANY, N. Y.

FOUNDED 1838

UNION UNIVERSITY

MEDICAL DEPARTMENT

Albany Medical College

Clinical Facilities: The hospital services are directly under control of the Medical College. There are teaching services both in Medicine and Surgery, and the students have immediate responsibility under supervision.

Laboratories: The laboratories, in charge of full-time teachers, provide ample facilities for undergraduate teaching, for graduate instruction, and for research.

Admission Requirements: Each candidate must furnish evidence of the satisfactory completion of at least two years' study, in a recognized college or scientific school, of physics, chemistry, biology, English and French or German.

Women are admitted. Classes are restricted in number.

Tuition: The charge for tuition is $160.00 a year and $5.00 for matriculation. There are no extra fees except for rental of microscopes, laboratory breakage, and certain expensive supplies.

The academic year begins Sept. 23, 1918. All inquiries and other communications should be addressed to Thomas Ordway, M.D., Dean, Albany Medical College, Albany, N. Y.

Vol. XXXIX No. 8

ALBANY MEDICAL ANNALS

Journal of the Alumni Association of the
Albany Medical College

AUGUST, 1918



Ασφαλὶς καὶ ἴμπεδον ἴστω το σὸν ἦθος. Ἐκ σκότου μὲν ἔκαγε φάος, ἐκ δὲ πάθους ἀναφυχήν.

ALBANY MEDICAL ANNALS

Journal of the Alumni Association of the Albany Medical College

EDITED BY
J. MONTGOMERY MOSHER, M. D.

Published on the First of every month
Subscription Price, Two dollars per annum in advance
Advertising Rates given on Application

Address all communications to ALBANY MEDICAL ANNALS,
Albany Medical College, Albany, N. Y
Entered as Second Class matter at the Post Office, Albany, N. Y.

Acceptance for mailing at special rate of postage provided for in section 1103, act of October 3, 1917, authorized July 31, 1918

Vol. XXXIX, No. 8 — August, 1918

CONTENTS

ORIGINAL COMMUNICATIONS

The Symptomatology and Diagnosis of Wounds of the Spine and Cord. By CHARLES GREENE CUMSTON, B. S., M. D. 277
Gonorrhea in the Female ..... By JOHN B. CONGDON, M. D. 282
The Venereal Diseases in Public Health ..... By JOSEPH ROBY, M. D. 286

EDITORIAL

The Venereal Disease Problem 294

PUBLIC HEALTH

Department of Health, Albany, N. Y., Abstract of Vital Statistics, June, 1918 296

MEDICAL NEWS

United States Public Health Reports 300
New York State Department of Health 300
Albany Guild for Public Health Nursing 301
Memorial to Dr. Edward L. Trudeau 303
Medical Service of the Army and Navy 303
War Notes 304

IN MEMORIAM

Thomas J. Lally, M. D. 306

CURRENT MEDICAL LITERATURE

Reviews and Notices of Books

Infection, Immunity and Specific Therapy ..... By J. A. KOLMER, M. D. 307
An Intermediate Textbook of Physiological Chemistry and Experiments. By C. J. V. PETTIBONE, Ph.D. 308
Technic of the Carrel Method ..... By J. DUMAS and ANNE CARREL 308
Traumatic Surgery ..... By JOHN J. MOORHEAD, B. S., M. D., F. A. C. S. 309
Collected Papers of the Mayo Clinic ..... By Mrs. M. H. MELLISH 309
The Surgical Clinics of Chicago ..... Published by W. B. SAUNDERS Co. 310
Tumors of the Nervus Acusticus and the Syndrome of the Cerebellopontile Angle. By HARVEY CUSHING, M. D. 310
A Clinical Manual of Mental Diseases ..... By FRANCIS X. DERCUM, A. M., M. D. Ph.D. 311
American Illustrated Medical Dictionary ..... By W. E. NEWMAN DORLAND, M. D. 311
Physical Exercises for Invalids and Convalescents. By EDWARD H. OCHSNER, B. S. M. D., F. A. C. S. 312

ALBANY HOSPITAL

New Scotland Avenue

MEDICAL AND SURGICAL STAFF

Consulting Staff

Physicians
HENRY HUN, M. D.
JOSEPH D. CRAIG, M. D.

Obstetrician
JAMES P. BOYD, M. D.

Physician-in-Chief to the Tuberculosis Department
HOWARD VAN RENSSELAER, M. D.

Electro-Therapeutist
EZRA A. BARTLETT, M. D.

Surgeon-in-Chief
ALBERT VANDER VEER, M. D.

Surgeon
SAMUEL R. MORROW, M. D.

Ophthalmologists and Otologists
CYRUS S. MERRILL, M. D.
HERMAN BENDELL, M. D.

Dermatologist
FREDERIC C. CURTIS, M. D.

Attending Staff

Physician
THOMAS ORDWAY, M. D.

Physician for Mental Diseases
J. MONTGOMERY MOSHER, M. D.

Gastro-Enterologist
LEO H. NEUMAN, M. D.

Neurologist
LASALLE ARCHAMBAULT, M. D.

Physician for Cutaneous and Contagious Diseases
ARTHUR SAUTTER, M. D.

Physicians to the Tuberculosis Department
ERASTUS CORNING, M. D.
MALCOLM DOUGLASS, M. D.

Pathologist
GEORGE S. GRAHAM, M. D.

Surgeons
EDGAR A. VANDER VEER, M. D.
ARTHUR W. ELTING, M. D.

Gynecologist
JOHN A. SAMPSON, M. D.

Rhinologist and Laryngologist
EUGENE E. HINMAN, M. D.

Ophthalmologist and Otologist
ARTHUR J. BEDELL, M. D.

Obstetricians
G. EMORY LOCHNER, M. D.
H. JUDSON LIPES, M. D.
PAUL T. HARPER, M. D.

Orthopedist and Radiographer
JOHN M. BERRY, M. D.

Urologist (Surgical for Men)
JAMES N. VANDER VEER, M. D.

Associate Staff

Electro-Therapeutist
WM. G. LEWI, M. D.

Dentist
LEROY BLATNER, D. D. S.

Assistant Attending Staff

Assistant Attending Physicians
CLINTON B. HAWN, M. D.
L. WHITTINGTON GORHAM, M. D.

Assistant Attending Gastro-Enterologist
THEOBALD F. DOESCHER, M. D.

Assistant Attending Neurologist
NELSON K. FROMM, M. D.

Assistant Attending Physician for Contagious Diseases
CHARLES K. WINNE, M. D.

Assistant Attending Physician to the Tuberculosis Department
JACOB L. DROOZ, M. D.

Assistant Attending Surgeons
ALVAH H. TRAVER, M. D.
WM. D. ALLEN, M. D.
J. LEWI DONHAUSER, M. D.

Assistant Attending Gynecologist
TIFFANY LAWYER, M. D.

Assistant Attending Laryngologist
WM. G. KEENS, M. D.

Assistant Attending Urologist (Surgical for Men)
JOHN HESLIN, M. D.

Assistant Attending Ophthalmologist and Otologist
CHARLES H. MOORE, M. D.

Dispensary Physicians and Surgeons

CLARENCE F. GRAHAM, M. D.
J. LEWI BENDELL, M. D.
JOHN F. SOUTHWELL, M. D.
J. MONTGOMERY MOSHER, M. D.
TIFFANY LAWYER, M. D.
WM. G. KEENS, M. D.
CHARLES H. MOORE, M. D.
JOSEPH A. LANAHAN, M. D.
G. EMORY LOCHNER, M. D.
JOHN E. HESLIN, M. D.
EUGENE E. HINMAN, M. D.

THE BRANDOW PRINTING COMPANY, ALBANY, N. Y.

FOUNDED 1838

UNION UNIVERSITY

MEDICAL DEPARTMENT

Albany Medical College

Clinical Facilities: The hospital services are directly under control of the Medical College. There are teaching services both in Medicine and Surgery, and the students have immediate responsibility under supervision.

Laboratories: The laboratories, in charge of full-time teachers, provide ample facilities for undergraduate teaching, for graduate instruction, and for research.

Admission Requirements: Each candidate must furnish evidence of the satisfactory completion of at least two years' study, in a recognized college or scientific school, of physics, chemistry, biology, English and French or German.

Women are admitted. Classes are restricted in number.

Tuition: The charge for tuition is $160.00 a year and $5.00 for matriculation. There are no extra fees except for rental of microscopes, laboratory breakage, and certain expensive supplies.

The academic year begins Sept. 23, 1918. All inquiries and other communications should be addressed to Thomas Ordway, M.D., Dean, Albany Medical College, Albany, N. Y.

Vol. XXXIX No. 9

Alumni Number

ALBANY MEDICAL ANNALS

Journal of the Alumni Association of the
Albany Medical College

SEPTEMBER, 1918



Ασφαλὶς καὶ ἔμπεδον ἔστω το σὸν ἦθος. Ἐκ σκότου μὲν ἔλαχε φάος, ἐκ δὲ πάθους ἀναψυχήν.

ALBANY MEDICAL ANNALS

Journal of the Alumni Association of the Albany Medical College

EDITED BY
J. MONTGOMERY MOSHER, M. D.

Published on the First of every month
Subscription Price, Two dollars per annum in advance
Advertising Rates given on Application

Address all communications to ALBANY MEDICAL ANNALS,
Albany Medical College, Albany, N. Y

Entered as Second Class matter at the Post Office, Albany, N. Y.

Acceptance for mailing at special rate of postage provided for in section 1103, act of October 3, 1917, authorized July 31, 1918

Vol. XXXIX, No. 9 CONTENTS September, 1918

ASSOCIATION OF THE ALUMNI OF THE ALBANY MEDICAL COLLEGE

Forty-fifth Annual Meeting ... 313
Treasurer's Report ... 315
Communication from the Dean presented by GEORGE S. GRAHAM, M. D ... 315
President's Address ... By ROBERT B. LAMB, M. D. 325
Report of the Historian ... By ARTHUR J. BEDELL, M. D. 327
Necrology ... 327
Class of 1848 ... 328
Class of 1858 ... 329
History of Class of 1858 ... 330
Class of 1868 ... 331
History of Class of 1878 ... 334
History of Class of 1888 ... 337
History of Class of 1908 ... 338
Alumni Luncheon ... 342
Clinics in Amphitheatre of the Albany Hospital ... 343
Alumni Dinner ... 347
Commencement Exercises ... 348

EDITORIAL

Alumni Day, 1918 ... 350

PUBLIC HEALTH

Department of Health, Albany, N. Y. Abstract of Vital Statistics, July, 1918 ... 354

MEDICAL NEWS

Albany Guild for Public Health Nursing ... 358
Railway Surgeons, Meeting of New York and New England Association of ... 359
Necessity Knows No Law ... 359
Why Should the Surgeon General Appeal for Medical Officers? ... 360
Student Army Training Corps ... 361
Medical Service of the Army and Navy ... 361
Married ... 361
Died ... 362

NEW YORK STATE MEDICAL LIBRARY

Abstract of Annual Report July 1917-June 1918 ... 362
New Current Subscriptions ... 363
Recent Accessions ... 364

ALBANY HOSPITAL

New Scotland Avenue

MEDICAL AND SURGICAL STAFF

Consulting Staff

Physicians
HENRY HUN, M. D.
JOSEPH D. CRAIG, M. D.

Obstetrician
JAMES P. BOYD, M. D.

Physician-in-Chief to the Tuberculosis Department
HOWARD VAN RENSSELAER, M. D.

Electro-Therapeutist
EZRA A. BARTLETT, M. D.

Surgeon-in-Chief
ALBERT VANDER VEER, M. D.

Surgeon
SAMUEL R. MORROW, M. D.

Ophthalmologists and Otologists
CYRUS S. MERRILL, M. D.
HERMAN BENDELL, M. D.

Dermatologist
FREDERIC C. CURTIS, M. D.

Attending Staff

Physician
THOMAS ORDWAY, M. D.

Physician for Mental Diseases
J. MONTGOMERY MOSHER, M. D.

Gastro-Enterologist
LEO H. NEUMAN, M. D.

Neurologist
LASALLE ARCHAMBAULT, M. D.

Physician for Cutaneous and Contagious Diseases
ARTHUR SAUTTER, M. D.

Physicians to the Tuberculosis Department
ERASTUS CORNING, M. D.
MALCOLM DOUGLASS, M. D.

Pathologist
GEORGE S. GRAHAM, M. D.

Surgeons
EDGAR A. VANDER VEER, M. D.
ARTHUR W. ELTING, M. D.

Gynecologist
JOHN A. SAMPSON, M. D.

Rhinologist and Laryngologist
EUGENE E. HINMAN, M. D.

Ophthalmologist and Otologist
ARTHUR J. BEDELL, M. D.

Obstetricians
G. EMORY LOCHNER, M. D.
H. JUDSON LIPES, M. D.
PAUL T. HARPER, M. D.

Orthopedist and Radiographer
JOHN M. BERRY, M. D.

Urologist (Surgical for Men)
JAMES N. VANDER VEER, M. D.

Associate Staff

Electro-Therapeutist
WM. G. LEWI, M. D.

Dentist
LEROY BLATNER, D. D. S.

Assistant Attending Staff

Assistant Attending Physicians
CLINTON B. HAWN, M. D.
L. WHITTINGTON GORHAM, M. D.

Assistant Attending Gastro-Enterologist
THEOBALD F. DOESCHER, M. D.

Assistant Attending Neurologist
NELSON K. FROMM, M. D.

Assistant Attending Physician for Contagious Diseases
CHARLES K. WINNE, M. D.

Assistant Attending Physician to the Tuberculosis Department
JACOB L. DROOZ, M. D.

Assistant Attending Surgeons
ALVAH H. TRAVER, M. D.
WM. D. ALLEN, M. D.
J. LEWI DONHAUSER, M. D.

Assistant Attending Gynecologist
TIFFANY LAWYER, M. D.

Assistant Attending Laryngologist
WM. G. KEENS, M. D.

Assistant Attending Urologist (Surgical for Men)
JOHN HESLIN, M. D.

Assistant Attending Ophthalmologist and Otologist
CHARLES H. MOORE, M. D.

Dispensary Physicians and Surgeons

CLARENCE F. GRAHAM, M. D.
J. LEWI BENDELL, M. D.
JOHN F. SOUTHWELL, M. D.
J. MONTGOMERY MOSHER, M. D.
TIFFANY LAWYER, M. D.
WM. G. KEENS, M. D.
CHARLES H. MOORE, M. D.
JOSEPH A. LANAHAN, M. D.
G. EMORY LOCHNER, M. D.
JOHN E. HESLIN, M. D.
EUGENE E. HINMAN, M. D.

THE BRANDOW PRINTING COMPANY, ALBANY, N. Y.

FOUNDED 1838

UNION UNIVERSITY

MEDICAL DEPARTMENT

Albany Medical College

Clinical Facilities: The hospital services are directly under control of the Medical College. There are teaching services both in Medicine and Surgery, and the students have immediate responsibility under supervision.

Laboratories: The laboratories, in charge of full-time teachers, provide ample facilities for undergraduate teaching, for graduate instruction, and for research.

Admission Requirements: Each candidate must furnish evidence of the satisfactory completion of at least two years' study, in a recognized college or scientific school, of physics, chemistry, biology, English and French or German.

Women are admitted. Classes are restricted in number.

Tuition: The charge for tuition is $160.00 a year and $5.00 for matriculation. There are no extra fees except for rental of microscopes, laboratory breakage, and certain expensive supplies.

The academic year begins Sept. 23, 1918. All inquiries and other communications should be addressed to Thomas Ordway, M.D., Dean, Albany Medical College, Albany, N.Y.

Vol. XXXIX No. 10

ALBANY MEDICAL ANNALS

Journal of the Alumni Association of the
Albany Medical College

OCTOBER, 1918

COLLEGE OF PHYSICIANS
LIBRARY



Ασφαλὲς καὶ ἔμπεδον ἔστω το σὸν ἦδος. Ἐκ σκότου μὲν ἔξαγε φάος, ἐκ δὲ πάθους ἀναψυχήν.

ALBANY MEDICAL ANNALS

Journal of the Alumni Association of the Albany Medical College

EDITED BY
J. MONTGOMERY MOSHER, M. D.

Published on the First of every month
Subscription Price, Two dollars per annum in advance
Advertising Rates given on Application

Address all communications to ALBANY MEDICAL ANNALS,
Albany Medical College, Albany, N. Y
Entered as Second Class matter at the Post Office, Albany, N. Y.

Acceptance for mailing at special rate of postage provided for in section 1103, act of October 3, 1917, authorized July 31, 1918

Vol. XXXIX, No. 10 CONTENTS October, 1918

ORIGINAL COMMUNICATIONS

Report of the Albany Hospital Training School for Nurses.....By SALLY JOHNSON 365

CORRESPONDENCE

The Albany Medical College—Hospital Unit.....By Captain ERASTUS CORNING, M. D. 374

EDITORIAL

Base Hospital Unit, No. 33..... 376

SCIENTIFIC REVIEWS

The Year's Progress in Dental Materia Medica.....By J. L. T. APPLETON, JR. 381
Physiological Oxidation.....By M. DRESBACH, M. D. 387

PUBLIC HEALTH

Department of Health, Albany, N. Y.: Abstract of Vital Statistics, August, 1918..... 393

MEDICAL NEWS

The Third District Branch..... 396
Base Hospital Unit, No. 33..... 396
German Outrages in France.....By WALTER LUNDBLAD, M. D. 396
An Unprecedented Opportunity for Women..... 397
Mobilization of Women for Anaesthetic Service..... 397
Medical Service of the Army and Navy..... 399
Personal..... 400
Died..... 400

ALBANY HOSPITAL

New Scotland Avenue

MEDICAL AND SURGICAL STAFF

Consulting Staff

Physicians
HENRY HUN, M. D.
JOSEPH D. CRAIG, M. D.

Obstetrician
JAMES P. BOYD, M. D.

Physician-in-Chief to the Tuberculosis Department
HOWARD VAN RENSSELAER, M. D.

Electro-Therapeutist
EZRA A. BARTLETT, M. D.

Surgeon-in-Chief
ALBERT VANDER VEER, M. D.

Surgeon
SAMUEL R. MORROW, M. D.

Ophthalmologists and Otologists
CYRUS S. MERRILL, M. D.
HERMAN BENDELL, M. D.

Dermatologist
FREDERIC C. CURTIS, M. D.

Attending Staff

Physician
THOMAS ORDWAY, M. D.

Physician for Mental Diseases
J. MONTGOMERY MOSHER, M. D.

Gastro-Enterologist
LEO H. NEUMAN, M. D.

Neurologist
LASALLE ARCHAMBAULT, M. D.

Physician for Cutaneous and Contagious Diseases
ARTHUR SAUTTER, M. D.

Physicians to the Tuberculosis Department
ERASTUS CORNING, M. D.
MALCOLM DOUGLASS, M. D.

Pathologist
GEORGE S. GRAHAM, M. D.

Surgeons
EDGAR A. VANDER VEER, M. D.
ARTHUR W. ELTING, M. D.

Gynecologist
JOHN A. SAMPSON, M. D.

Rhinologist and Laryngologist
EUGENE E. HINMAN, M. D.

Ophthalmologist and Otologist
ARTHUR J. BEDELL, M. D.

Obstetricians
G. EMORY LOCHNER, M. D.
H. JUDSON LIPES, M. D.
PAUL T. HARPER, M. D.

Orthopedist and Radiographer
JOHN M. BERRY, M. D.

Urologist (Surgical for Men)
JAMES N. VANDER VEER, M. D.

Associate Staff

Electro-Therapeutist
WM. G. LEWI, M. D.

Dentist
LEROY BLATNER, D. D. S.

Assistant Attending Staff

Assistant Attending Physicians
CLINTON B. HAWN, M. D.
L. WHITTINGTON GORHAM, M. D.

Assistant Attending Gastro-Enterologist
THEOBALD F. DOESCHER, M. D.

Assistant Attending Neurologist
NELSON K. FROMM, M. D.

Assistant Attending Physician for Contagious Diseases
CHARLES K. WINNE, M. D.

Assistant Attending Physician to the Tuberculosis Department
JACOB L. DROOZ, M. D.

Assistant Attending Surgeons
ALVAH H. TRAVER, M. D.
WM. D. ALLEN, M. D.
J. LEWI DONHAUSER, M. D.

Assistant Attending Gynecologist
TIFFANY LAWYER, M. D.

Assistant Attending Laryngologist
WM. G. KEENS, M. D.

Assistant Attending Urologist (Surgical for Men)
JOHN HESLIN, M. D.

Assistant Attending Ophthalmologist and Otologist
CHARLES H. MOORE, M. D.

Dispensary Physicians and Surgeons

CLARENCE F. GRAHAM, M. D.
J. LEWI BENDELL, M. D.
JOHN F. SOUTHWELL, M. D.
J. MONTGOMERY MOSHER, M. D.
TIFFANY LAWYER, M. D.
WM. G. KEENS, M. D.
CHARLES H. MOORE, M. D.
JOSEPH A. LANAHAN, M. D.
G. EMORY LOCHNER, M. D.
JOHN E. HESLIN, M. D.
EUGENE E. HINMAN, M. D.

THE BRANDOW PRINTING COMPANY, ALBANY, N. Y.

FOUNDED 1838

UNION UNIVERSITY

MEDICAL DEPARTMENT

Albany Medical College

Clinical Facilities: The hospital services are directly under control of the Medical College. There are teaching services both in Medicine and Surgery, and the students have immediate responsibility under supervision.

Laboratories: The laboratories, in charge of full-time teachers, provide ample facilities for undergraduate teaching, for graduate instruction, and for research.

Admission Requirements: Each candidate must furnish evidence of the satisfactory completion of at least two years' study, in a recognized college or scientific school, of physics, chemistry, biology, English and French or German.

Women are admitted. Classes are restricted in number.

Tuition: The charge for tuition is $160.00 a year and $5.00 for matriculation. There are no extra fees except for rental of microscopes, laboratory breakage, and certain expensive supplies.

The academic year begins Sept. 23, 1918. All inquiries and other communications should be addressed to Thomas Ordway, M.D., Dean, Albany Medical College, Albany, N.Y.

Vol. XXXIX No. 11

ALBANY MEDICAL ANNALS

Journal of the Alumni Association of the
Albany Medical College

NOVEMBER, 1918



Ασφαλὲς καὶ ἔμπεδον ἔστω το σὸν ἦθος. Ἐκ σκότου μὲν ἔξαγε φάος, ἐκ δὲ πάθους ἀναψυχήν.

ALBANY MEDICAL ANNALS

Journal of the Alumni Association of the Albany Medical College

EDITED BY
J. MONTGOMERY MOSHER, M. D.

Published on the First of every month
Subscription Price, Two dollars per annum in advance
Advertising Rates given on Application

Address all communications to ALBANY MEDICAL ANNALS,
Albany Medical College, Albany, N. Y.
Entered as Second Class matter at the Post Office, Albany, N. Y.

Acceptance for mailing at special rate of postage provided for in section 1103, act of October 3, 1917, authorized July 31, 1918

Vol. XXXIX, No. 11 — November, 1918

CONTENTS

ORIGINAL COMMUNICATIONS

Albany Hospital: Sixteenth Report of Pavilion F, Department for Mental Diseases. By J. MONTGOMERY MOSHER, M. D 401

A Memorial of Dr. JOSEPH H. BLATNER ..... By Dr. ALBERT VANDER VEER 415

CORRESPONDENCE

Letters from the War ..... By Captain HENRY VIETS, M. D. 421
By Lieutenant A. M. RABINER, M. D. 422

EDITORIAL

Experimental Shock ..... By M. DRESBACH, M. D. 424

PUBLIC HEALTH

Department of Health, Albany, N. Y.: Abstract of Vital Statistics, September, 1918 426

MEDICAL NEWS

The Albany Guild for Public Health Nursing 429
National Committee for the Prevention of Blindness 430
Lieutenant-Colonel ELTING 430
Utilization of Platinum in Unused Instruments 432
Medical Service of the Army and Navy 432
Personal 433
Died 433

IN MEMORIAM

First Lieutenant ARTHUR H. WHEELER, M. D. 434
First Lieutenant EUGENE F. HULL, M. D. 434
WILLIAM F. CONWAY, M. D. 434
LEWIS WEBSTER BURDICK, M. D. 435

CURRENT MEDICAL LITERATURE

REVIEWS AND NOTICES OF BOOKS

Principles of General Physiology ..... By W. M. BAYLISS 436

ALBANY HOSPITAL

New Scotland Avenue

MEDICAL AND SURGICAL STAFF

Consulting Staff

Physicians
HENRY HUN, M. D.
JOSEPH D. CRAIG, M. D.

Obstetrician
JAMES P. BOYD, M. D.

Physician-in-Chief to the Tuberculosis Department
HOWARD VAN RENSSELAER, M. D.

Electro-Therapeutist
EZRA A. BARTLETT, M. D.

Surgeon-in-Chief
ALBERT VANDER VEER, M. D.

Surgeon
SAMUEL R. MORROW, M. D.

Ophthalmologists and Otologists
CYRUS S. MERRILL, M. D.
HERMAN BENDELL, M. D.

Dermatologist
FREDERIC C. CURTIS, M. D.

Attending Staff

Physician
THOMAS ORDWAY, M. D.

Physician for Mental Diseases
J. MONTGOMERY MOSHER, M. D.

Gastro-Enterologist
LEO H. NEUMAN, M. D.

Neurologist
LASALLE ARCHAMBAULT, M. D.

Physician for Cutaneous and Contagious Diseases
ARTHUR SAUTTER, M. D.

Physicians to the Tuberculosis Department
ERASTUS CORNING, M. D.
MALCOLM DOUGLASS, M. D.

Pathologist
GEORGE S. GRAHAM, M. D.

Surgeons
EDGAR A. VANDER VEER, M. D.
ARTHUR W. ELTING, M. D.

Gynecologist
JOHN A. SAMPSON, M. D.

Rhinologist and Laryngologist
EUGENE E. HINMAN, M. D.

Ophthalmologist and Otologist
ARTHUR J. BEDELL, M. D.

Obstetricians
G. EMORY LOCHNER, M. D.
H. JUDSON LIPES, M. D.
PAUL T. HARPER, M. D.

Orthopedist and Radiographer
JOHN M. BERRY, M. D.

Urologist (Surgical for Men)
JAMES N. VANDER VEER, M. D.

Associate Staff

Electro-Therapeutist
WM. G. LEWI, M. D.

Dentist
LEROY BLATNER, D. D. S.

Assistant Attending Staff

Assistant Attending Physicians
CLINTON B. HAWN, M. D.
L. WHITTINGTON GORHAM, M. D.

Assistant Attending Gastro-Enterologist
THEOBALD F. DOESCHER, M. D.

Assistant Attending Neurologist
NELSON K. FROMM, M. D.

Assistant Attending Physician for Contagious Diseases
CHARLES K. WINNE, M. D.

Assistant Attending Physician to the Tuberculosis Department
JACOB L. DROOZ, M. D.

Assistant Attending Surgeons
ALVAH H. TRAVER, M. D.
WM. D. ALLEN, M. D.
J. LEWI DONHAUSER, M. D.

Assistant Attending Gynecologist
TIFFANY LAWYER, M. D.

Assistant Attending Laryngologist
WM. G. KEENS, M. D.

Assistant Attending Urologist (Surgical for Men)
JOHN HESLIN, M. D.

Assistant Attending Ophthalmologist and Otologist
CHARLES H. MOORE, M. D.

Dispensary Physicians and Surgeons

CLARENCE F. GRAHAM, M. D.
J. LEWI BENDELL, M. D.
JOHN F. SOUTHWELL, M. D.
J. MONTGOMERY MOSHER, M. D.
TIFFANY LAWYER, M. D.
WM. G. KEENS, M. D.
CHARLES H. MOORE, M. D.
JOSEPH A. LANAHAN, M. D.
G. EMORY LOCHNER, M. D.
JOHN E. HESLIN, M. D.
EUGENE E. HINMAN, M. D.

THE BRANDOW PRINTING COMPANY, ALBANY, N. Y.

FOUNDED 1838

UNION UNIVERSITY

MEDICAL DEPARTMENT

Albany Medical College

Clinical Facilities: The hospital services are directly under control of the Medical College. There are teaching services both in Medicine and Surgery, and the students have immediate responsibility under supervision.

Laboratories: The laboratories, in charge of full-time teachers, provide ample facilities for undergraduate teaching, for graduate instruction, and for research.

Admission Requirements: Each candidate must furnish evidence of the satisfactory completion of at least two years' study, in a recognized college or scientific school, of physics, chemistry, biology, English and French or German.

Women are admitted. Classes are restricted in number.

Tuition: The charge for tuition is $160.00 a year and $5.00 for matriculation. There are no extra fees except for rental of microscopes, laboratory breakage, and certain expensive supplies.

The academic year begins Sept. 23, 1918. All inquiries and other communications should be addressed to Thomas Ordway, M.D., Dean, Albany Medical College, Albany, N. Y.

Vol. XXXIX No. 12

ALBANY MEDICAL ANNALS

Journal of the Alumni Association of the
Albany Medical College

DECEMBER, 1918

77



Ἀσφαλὲς καὶ ἔμπεδον ἔστω τὸ σὸν ἔδος. Ἐκ σκότου μὲν ἔξαγε φάος, ἐκ δὲ πάθους ἀναφυχήν.

ALBANY MEDICAL ANNALS

Journal of the Alumni Association of the Albany Medical College

EDITED BY
J. MONTGOMERY MOSHER, M. D.

Published on the First of every month
Subscription Price, Two dollars per annum in advance
Advertising Rates given on Application

Address all communications to ALBANY MEDICAL ANNALS,
Albany Medical College, Albany, N. Y.
Entered as Second Class matter at the Post Office, Albany, N. Y.

Acoeptance for mailing at special rate of postage provided for in section 1103, act of October 3, 1917, authorized July 31, 1918

Vol. XXXIX, No. 12 CONTENTS December, 1918

ORIGINAL COMMUNICATION

Report of a Few Cases of Psychiatric Interest.....By HUGH S. GREGORY, M D..... 437

EDITORIAL

Two Student Martyrs..... 443
An Aerial Ambulance..... 445

PUBLIC HEALTH

Departmen of Health, Albany, N. Y.: Abstract of Vital Statistics, October, 1918..... 446

MEDICAL NEWS

Albany Guild for Public Health Nursing..... 449
The Medical Review of Reviews..... 449
Medical Service of the Army..... 449
No More Physicians to be Commissioned..... 450
Personal..... 450
Child Welfare Campaign..... 450

IN MEMORIAM

WILLIAM B. MELICK M. D..... 453

CURRENT MEDICAL LITERATURE

PEDIATRICS

Congenital Atresia of Small Intestine..... 454

NEW YORK STATE MEDICAL LIBRARY

Recent Accessions..... 455
New Current Periodical..... 456

INDEX TO VOLUME XXXIX..... 457

TITLE PAGE AND LIST OF CONTRIBUTORS TO VOLUME XXXIX..... 471

ALBANY HOSPITAL

New Scotland Avenue

MEDICAL AND SURGICAL STAFF

Consulting Staff

Physicians
HENRY HUN, M. D.
JOSEPH D. CRAIG, M. D.

Obstetrician
JAMES P. BOYD, M. D.

Physician-in-Chief to the Tuberculosis Department
HOWARD VAN RENSSELAER, M. D.

Electro-Therapeutist
EZRA A. BARTLETT, M. D.

Surgeon-in-Chief
ALBERT VANDER VEER, M. D.

Surgeon
SAMUEL R. MORROW, M. D.

Ophthalmologists and Otologists
CYRUS S. MERRILL, M. D.
HERMAN BENDELL, M. D.

Dermatologist
FREDERIC C. CURTIS, M. D.

Attending Staff

Physician
THOMAS ORDWAY, M. D.

Physician for Mental Diseases
J. MONTGOMERY MOSHER, M. D.

Gastro-Enterologist
LEO H. NEUMAN, M. D.

Neurologist
LASALLE ARCHAMBAULT, M. D.

Physician for Cutaneous and Contagious Diseases
ARTHUR SAUTTER, M. D.

Physicians to the Tuberculosis Department
ERASTUS CORNING, M. D.
MALCOLM DOUGLASS, M. D.

Pathologist
GEORGE S. GRAHAM, M. D.

Surgeons
EDGAR A. VANDER VEER, M. D.
ARTHUR W. ELTING, M. D.

Gynecologist
JOHN A. SAMPSON, M. D.

Rhinologist and Laryngologist
EUGENE E. HINMAN, M. D.

Ophthalmologist and Otologist
ARTHUR J. BEDELL, M. D.

Obstetricians
G. EMORY LOCHNER, M. D.
H. JUDSON LIPES, M. D.
PAUL T. HARPER, M. D.

Orthopedist and Radiographer
JOHN M. BERRY, M. D.

Urologist (Surgical for Men)
JAMES N. VANDER VEER, M. D.

Associate Staff

Electro-Therapeutist
WM. G. LEWI, M. D.

Dentist
LEROY BLATNER, D. D. S.

Assistant Attending Staff

Assistant Attending Physicians
CLINTON B. HAWN, M. D.
L. WHITTINGTON GORHAM, M. D.

Assistant Attending Gastro-Enterologist
THEOBALD F. DOESCHER, M. D.

Assistant Attending Neurologist
NELSON K. FROMM, M. D.

Assistant Attending Physician for Contagious Diseases
CHARLES K. WINNE, M. D.

Assistant Attending Physician to the Tuberculosis Department
JACOB L. DROOZ, M. D.

Assistant Attending Surgeons
ALVAH H. TRAVER, M. D.
WM. D. ALLEN, M. D.
J. LEWI DONHAUSER, M. D.

Assistant Attending Gynecologist
TIFFANY LAWYER, M. D.

Assistant Attending Laryngologist
WM. G. KEENS, M. D.

Assistant Attending Urologist (Surgical for Men)
JOHN HESLIN, M. D.

Assistant Attending Ophthalmologist and Otologist
CHARLES H. MOORE, M. D.

Dispensary Physicians and Surgeons

CLARENCE F. GRAHAM, M. D.
J. LEWI BENDELL, M. D.
JOHN F. SOUTHWELL, M. D.
J. MONTGOMERY MOSHER, M. D.
TIFFANY LAWYER, M. D.
WM. G. KEENS, M. D.
CHARLES H. MOORE, M. D.
JOSEPH A. LANAHAN, M. D.
G. EMORY LOCHNER, M. D.
JOHN E. HESLIN, M. D.
EUGENE E. HINMAN, M. D.

THE BRANDOW PRINTING COMPANY, ALBANY, N. Y.

FOUNDED 1838

UNION UNIVERSITY

MEDICAL DEPARTMENT

Albany Medical College

Clinical Facilities: The hospital services are directly under control of the Medical College. There are teaching services both in Medicine and Surgery, and the students have immediate responsibility under supervision.

Laboratories: The laboratories, in charge of full-time teachers, provide ample facilities for undergraduate teaching, for graduate instruction, and for research.

Admission Requirements: Each candidate must furnish evidence of the satisfactory completion of at least two years' study, in a recognized college or scientific school, of physics, chemistry, biology, English and French or German.

Women are admitted. Classes are restricted in number.

Tuition: The charge for tuition is $160.00 a year and $5.00 for matriculation. There are no extra fees except for rental of microscopes, laboratory breakage, and certain expensive supplies.

The academic year begins Sept. 23, 1918. All inquiries and other communications should be addressed to Thomas Ordway, M.D., Dean, Albany Medical College, Albany, N.Y.